12/07/2006 11:32

Image# 26930624110

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		10101110	- I I I I I I I I I I I I I I I I I I I	1011204 0011111	intec		Office Use Only	
1.	NAME OF COMMITTEE (in full)		MAILING LABEL OR PRINT 🗑	Example:If typover the lines	oing, type			
Ш	American Hospital Ass	ociation PAC			1 1 1			
Ш								
ADI	DRESS (number and stre	et) 325 Sev	enth Street, NW					
	Check if different than previously reported. (ACC)	Suite 70 Washine				DC	20004	
2.	FEC IDENTIFICATION	NUMBER 🔻	CIT	Y 🛕	:	STATEA	ZIPCODE	A
	C00106146		3. IS	THIS EPORT	NEW (N) OR	X AI (A	MENDED)	
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Quarterly Re July 31 Mid- Report(Non- Year Only) (Non- Year Only) (Non- Termination (TER)	port(Q1) (c) port(Q2) port(Q3) port(YE) 'fear election MY) Re Du (c)	e On: Mar	General (on (12C)	Sep	20 (M9) P(N) 20 (M10) Ji (12G) R 12G) in the State of	ov 20 (M11) Non-Election ear Only) ec 20 (M12) Non-Election ear Only) an 31 (YE) unoff (12R) pecial (30S)
5. I ce	5. Covering Period 10 01 2006 through 10 18 2006 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.							
Тур	e or Print Name of Trea	surer Ms. Me	linda Hatton					
	nature of Treasurer E	Electronically Filed	,			oate 12		0 0 6 3 437g.
	Office Use Only						FEC FORM (Rev. 02/2003)	3X

Image# 26930624111

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS Page 2

Write or Type Committee Name American Hospital Association PAC D D " D 1.0 0 1 2006 1.0 18 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 941820.56 [°]2006 January 1 (b) Cash on Hand at 916173.62 Begining of Reporting Period 139705.33 1169224.21 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1055878.95 2111044.77 6(a) and 6(c) for Column B) 117116.07 1172281.89 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 938762.88 938762.88 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) 0.00 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E street, NW Washington, DC 20463

> > Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

м м 1 0 ^D 0 1

2006

т...

м м 1 0 ^D 18

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	80755.47	457421.75
	(ii) Unitemized	38949.86	270997.74
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	119705.33	728419.49
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	6666.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	119705.33	735085.49
2.	Transfers From Affiliated/Other Party Committees	20000.00	429568.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	1500.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	3070.72
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	139705.33	1169224.21
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	139705.33	1169224.21

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 366.07 20344.03 Expenditures..... (c) Total Operating Expenditures 366.07 20344.03 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 116750.00 1115897.82 24. Independent Expenditure 0.00 35000.04 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 27. Loans Made..... 0.00 28. Refunds of Contributions To: Individuals/Persons Other 0.00 1040.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 1040.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 117116.07 1172281.89 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

117116.07

1172281.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	119705.33	735085.49
34.	Total Contribution Refunds (from Line 28(d))	0.00	1040.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	119705.33	734045.49
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	366.07	20344.03
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	366.07	20344.03

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 / 110
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficary 1 age	13 14 15 16 17
An	y information copied from such Reports and S	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Madeleine Roberson			Date of Receipt
	Mailing Address 1719 East 19th Avenue)		10 02 7 9 9 9
	City	State	Zip Code	Transaction ID: 13162968
	Denver	CO	80218-1235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Presbyterian-St. Luke's Medical Center	Occupation	n t and Chief Executive Officer	_
	Receipt For:		Year-to-Date ▼	
	Primary General	55 5		1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Julius D Spears, , Jr.			Date of Receipt
	Mailing Address 1150 Varnum Street N			M M / D D / Y Y Y Y
	-			10 02 2006
	City	State	Zip Code	Transaction ID: 13166356
	Washington	DC	20017-2180	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Providence Hospital	Occupation		7
			t and Chief Executive Officer	·
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	
— С.	Full Name (Last, First, Middle Initial) Ms. Karen A Weller Gregersen			Date of Receipt
٥.	Mailing Address 189 Prouty Drive			M M / D D / Y Y Y Y
	Too Fronty Drive			10 11 2006
	City	State	Zip Code	Transaction ID: 13224468
	Newport	VT	05855-9820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Familia	10		
	Name of Employer North Country Hospital and	Occupation		
	Health Cent		ecutive Officer Year-to-Date	_
	Receipt For: Primary General	Aggregate	; i eai-lu-Dale ▼	,
	Other (specify)		250.00	
			0 0 0 0 0 0 0	1
٩	UBTOTAL of Receipts This Page (optional)			1500.00
\vdash				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 7/110 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Thomas W Huebner			Date of Receipt
	Mailing Address 160 Allen Street			10 11 2006
	City	State	Zip Code	Transaction ID: 13224469
	Rutland	VT	05701-4560	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rutland Regional Medical Center	Occupation Presiden	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Melinda Estes, M.D.			Date of Receipt
	Mailing Address 111 Colchester Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13224470
	Burlington	VT	05401-1473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Fletcher Allen Health Care	Occupation President	n t and Chief Executive Office	,
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Mr. Raymond T Hino			Date of Receipt
	Mailing Address P O Box 1900			10 11 2006
	City	State	Zip Code	Transaction ID: 13224477
	<u>Tehachapi</u>	CA	93581-1900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tehachapi Valley Healthca- re District	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
	OTAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 110
TEMIZED RECEIPTS			or each category of the	(check only one)
• • •			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any	r information copied from such Reports and Stat	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
	or commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
١.	NAME OF COMMITTEE (In Full)			
<u>/</u>	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Richard T Palmisano, , II, R.N.			Date of Receipt
	Mailing Address 71 Hospital Avenue			M M / D D / Y Y Y Y
	011		7. 0.	10 11 2006
	City	State	Zip Code	Transaction ID: 13224547
	North Adams	MA	01247-2504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
•	Name of Employer North Adams Regional Hosp-	Occupation		7
	ital	President		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼		250.00	
				•
_	Full Name (Last, First, Middle Initial) Mr. Patrick L. Muldoon			Date of Receipt
	Mailing Address 100 Kenyon Avenue			M M / D D / Y Y Y Y
	City	Ctoto	Zip Code	10 11 2006
	Wakefield	State RI	02879-4299	Transaction ID: 13224549
			02019-4293	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Health Alliance Hospitals	Occupation		
	Receipt For:		t and Chief Executive Officer Year-to-Date V	
	Primary General	Aygregate	: Teal-to-Date V	1
	Other (specify) ▼	1	250.00	
				-
	Full Name (Last, First, Middle Initial) Mr. David Borgert			Date of Receipt
	Mailing Address 1406 Sixth Avenue North	1		10 11 2006
	City	State	Zip Code	Transaction ID: 13224637
	Saint Cloud	MN	56303-1900	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
•	Name of Employer CentraCare Health System	Occupation		
			ent Relations Specialist	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		375.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00
	TOTAL OF TEOGRAP THIS Page (Optional)		······································	
TC	OTAL This Period (last page this line number on	ıly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 110	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
THE MILES RESERVED			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	. –
۸۰	y information copied from such Reports and St	otomonto mo	, not be cold or used by any nerce		17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)		_		
\rangle	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Ms. Susan Doherty			Date of Receipt	
	Mailing Address PO Box MC	State	Zip Code	10 11 2004640	
	City Fargo	ND	58122-0001	Transaction ID: 13224643 Amount of Each Receipt this Period	
			30122-0001		7
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer MeritCare Health System	Occupation Public Af	n fairs Director		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼	0 0			
В.	Full Name (Last, First, Middle Initial) Mr. James Parobek			Date of Receipt	
٥.	Mailing Address 315 East Broadway			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 13224656	
	Louisville	KY	40202-1703	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer Gateway Rehabilitation Ho-	Occupation	n ecutive Officer		
	spital Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		000.00	1	
	Other (specify) ▼	0 0	300.00		
C.	Full Name (Last, First, Middle Initial) Mr. Richard F. Carrico			Date of Receipt	
	Mailing Address 2055 Eastern Parkway			10 11 2006	
	City	State	Zip Code	Transaction ID: 13224658	
	Louisville	KY	40204-1406	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		300.00	
	Name of Employer Norton Healthcare	Occupation Vice Pres			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		300.00		
	Other (specify) ▼	0 0	300.00		
s	UBTOTAL of Receipts This Page (optional)			850.00	
\vdash	· · · · · · · · · · · · · · · · · · ·		•		1
т	OTAL This Period (last page this line number of	only)	>		J

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 110
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Sta	tements mav	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	ress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Kathy L English, , R.N.			Date of Receipt
	Mailing Address 8200 Dodge Street			10 11 Y Y Y Y Y Y 1 1 1 2 0 0 6
	City	State	Zip Code	Transaction ID: 13224719
	<u>Omaha</u>	NE	68114-4113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Children's Hospital	Occupation Senior Vi	n ce President and Chief Oper	at
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Other (specify)		0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Mr. James Butler, III			Date of Receipt
	Mailing Address 1476 Stonegate Lane			M M / D D / Y Y Y Y
	-			10 11 2006
	City	State	Zip Code	Transaction ID: 13225274
	East Lansing	MI	48823-2172	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Sparrow Health System	Occupation	1	7
		Vice Cha	**	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	500.00	
		0 0		
Э.	Full Name (Last, First, Middle Initial) Mr. Michael P. Kelly			Date of Receipt
	Mailing Address Post Office Box 71396			10 11 2006
	City	State	Zip Code	Transaction ID: 13225279
	Fairbanks	AK	99707-1396	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Fairbanks Memorial Hospit-	Occupation Trustee	1	
	al Receipt For:	l	Year-to-Date ▼	1
	Primary General	1 1	250.00	
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 / 110
			Use separate schedule(s)	(check only one)
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸n	y information copied from such Reports and Sta	tomonte may	y not be cold or used by any norse	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
/	American Hospital Association FAC			
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Greg Lundstrom			Date of Receipt
	Mailing Address 113 N. Third			M M / D D / Y Y Y Y
	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			10 11 2006
	City	State	Zip Code	Transaction ID: 13225317
	Lindsborg	KS	67456-2328	Amount of Each Receipt this Period
	•			
	FEC ID number of contributing federal political committee.	C		300.00
	Todoral political committee.			
	Name of Employer Lindsborg Community Hospi-	Occupation	า	
	tal	Administ	rator and Chief Executive Of	fi
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		00000	1
	Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial)			
3.	Mr. Randall Peterson			Date of Receipt
	Mailing Address 3720 East Bayley			M M / D D / Y Y Y
				10 11 2006
	City	State	Zip Code	Transaction ID: 13225318
	Wichita	KS	67218-3002	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			250.00
	Name of Employer	Occupation	2	_
	Name of Employer Via Christi Health System		ce President	
	Receipt For:		Year-to-Date V	
	Primary General	Aggregate	real-lo-bale V	
	Other (specify)	' '	250.00	
	Other (specify)	0 0		J
	Full Name (Last, First, Middle Initial)			
Э.	Mr. Robert Brehm			Date of Receipt
	Mailing Address 28 Fawnridge Drive			M M / D D / Y Y Y Y
				10 13 2006
	City	State	Zip Code	Transaction ID: 13230825
	Long Valley	NJ	07853-3248	Amount of Each Receipt this Period
	FEC ID number of contributing			207.00
	federal political committee.	C		325.00
	Name of Employer Kessler Institute for Reh-	Occupation		
	abilitation	President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		325.00	
	Other (specify) ▼		020.00	
				875.00
S	UBTOTAL of Receipts This Page (optional)			0/0.00
	OTAL This Period (last page this line number or	L A	_	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 110
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Statemer	nts may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name a	and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper			Date of Receipt
	Mailing Address 121 Clear Creek Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City St	tate	Zip Code	Transaction ID: 13230833
	Langhorne P/		19047-2306	Amount of Each Receipt this Period
	FFC ID number of contributing		1 1 1 1 1 1	
	federal political committee.			15.00
	New Jersey Hospital Assoc-	cupation		1
	iation		sident, Human Resources	_
	Receipt For: Agg	gregate	Year-to-Date ▼	
	Other (specify)		235.00	
			0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Mr. W. Peter Daniels			Date of Receipt
	Mailing Address 292 Pleasant Valley			10 13 2006
	City St	tate	Zip Code	Transaction ID: 13230836
	Morganville N.		07751-4413	Amount of Each Receipt this Period
	EEC ID asserbase of contribution		07701 1110	
	federal political committee.			125.00
	Name of Employer Occ Meridian Health Pro	cupation	1	7
	Meridian Health Pre	esident		
		gregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	
 D.	Full Name (Last, First, Middle Initial) Mr. John J. Dawidowski			Date of Receipt
	Mailing Address 17 Brookshire Drive			M M / D D / Y Y Y Y
				10 13 2006
	•	tate	Zip Code	Transaction ID: 13230837
	Robbinsville N.	IJ	08691-2554	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			15.00
	Name of Employer New Jersey Hospital Assoc-	cupation	1	7
	iation		sident & General Manager	
		gregate	Year-to-Date ▼	
	Primary General		235.00	
	Other (specify) ▼	0 0		
_	HIDTOTAL of Descripts This Description			155.00
<u>S</u>	UBTOTAL of Receipts This Page (optional)		<u> </u>	
т	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)			Llaa aanarata aahadula(a)	FOR LINE NUMBER: PAGE 13 / 110
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Ms. Theresa L. Edelstein			Date of Receipt
	Mailing Address 27 Harvest Lane			10 13 2006
	City	State	Zip Code	Transaction ID: 13230838
	Livingston	NJ	07039-2750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice Pres	n sident Continuing Care Servi	Ce
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		215.00	
	Other (specify)	0 0	0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Mr. Guy P. Evans			Date of Receipt
	Mailing Address 41 Manitto Place			10 13 7 9 9 9
	City	State	Zip Code	Transaction ID: 13230839
	Oceanport	NJ	07757-1510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		235.00	
	Other (specify) 🔻	0 0	200.00	
C.	Full Name (Last, First, Middle Initial) Dr. Bruce M Gans, M.D.			Date of Receipt
	Mailing Address 6 Amherst Road			10 13 7 2006
	City	State	Zip Code	Transaction ID: 13230844
	Chatham	NJ	07928-1802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		325.00
	Name of Employer Kessler Institute for Reh-	Occupation	1	7
	Ressier Institute for Ren- abilitation		e Vice President and Chief M	le d
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		325.00	
	Other (specify) ▼	0 0	323.33	
s	UBTOTAL of Receipts This Page (optional)			365.00
			•	
ΙT	OTAL This Period (last page this line number of	nlv))	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 110
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	v not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\	American Hospital Association PAC			
/	7 inorioan i roopital 7 looodation i 7 lo			
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Alexander J. Hatala			Date of Receipt
	Mailing Address 1 Lucas Court			M M / D D / Y Y Y Y
				10 13 2006
	City	State	Zip Code	Transaction ID: 13230851
	Mt. Laurel	NJ	08103-3101	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer Our Lady of Lourdes Medic-	Occupation		
	al Center	Presiden	t/CEO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial)			
3.	Ms. Aline M. Holmes			Date of Receipt
	Mailing Address 19 Ashford Drive			10 13 2006
	211	01-1-	7's Osda	
	City	State	Zip Code	Transaction ID: 13230852
	Plainsboro	NJ	08536-3632	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.	0		
	Name of Employer	Occupation	n	_
	Name of Employer New Jersey Hospital Assoc-	Senior M		
	iation Receipt For:		e Year-to-Date ▼	_
	Primary General	7 1991 09411	. ear to Date V	1
	Other (specify) ▼		500.00	
		0 0	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
Э.	Mr. Sean J. Hopkins			Date of Receipt
	Mailing Address 6180 Lower Mountain R	oad		M M / D D / Y Y Y Y
				10 13 2006
	City	State	Zip Code	Transaction ID: 13230853
	New Hope	PA	18938-5760	Amount of Each Receipt this Period
	FEC ID number of contributing			35.42
	federal political committee.	C		05.42
	Name of Employer	Occupation		\dashv
	New Jersey Hospital Assoc-	1	Health Economics	
	iation Receipt For:	1	e Year-to-Date V	-
	Primary General	Aggregate	, 10ai-10-Date ▼	,
	Other (specify)		319.18	
	Carlor (opcorry)	0 0	0 0 0 0 0 0 0	1
_	LIDTOTAL of Descripts This Descriptors II			1035.42
5	UBTOTAL of Receipts This Page (optional)		······	
_	OTAL This Deviced (least or one Unit Process)	-1)		
- 11	OTAL This Period (last page this line number or	пу)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 / 11	0
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Suminary Fage	13 14 15 16	□ 17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
/	•				
	Full Name (Last, First, Middle Initial)				
٩.	Mr. David P. Lavins			Date of Receipt	
	Mailing Address 10 Fox Chase Road			M M / D D / Y Y Y Y	
	0"		7: 0 1	10 13 2006	
	City	State	Zip Code	Transaction ID: 13230860	
	Malvern	PA	19355-3441	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		15.00)
	federal political committee.				
	Name of Employer	Occupation	n		
	Name of Employer New Jersey Hospital Assoc-		ancial Officer		
	iation Receipt For:		e Year-to-Date ▼		
	Primary General	33 -3		1	
	Other (specify) ▼		485.00		
				1	
	Full Name (Last, First, Middle Initial)				
3.	Mr. Steven G Littleson			Date of Receipt	
	Mailing Address 85 Fair Haven Road			M M / D D / Y Y Y	
				10 13 2006	
	City	State	Zip Code	Transaction ID: 13230862	
	Fair Haven	NJ	07704-3342	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		125.00)
	federal political committee.			125.00	
	Name of Employer	Occupation	2	_	
	Name of Employer Jersey Shore University	President			
	Medical Center Receipt For:		Year-to-Date ▼		
	Primary General	7.199.1094.10	Toda to Bate V	1	
	Other (specify) ▼		250.00		
			0 0 0 0 0 0 0	1	
	Full Name (Last, First, Middle Initial)				
Э.	Mr. Gordon N. Litwin			Date of Receipt	
	Mailing Address 63 Border Place			M M / D D / Y Y Y	
	<u></u>			10 13 2006	
	City	State	Zip Code	Transaction ID: 13230863	
	<u>Little Silver</u>	NJ	07739-1726	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00)
	federal political committee.				
	Name of Employer	Occupation	 n	7	
	Name of Employer Meridian Health	Vice Cha			
	Receipt For:	-	e Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼		250.00		
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SI	JBTOTAL of Receipts This Page (optional)			390.00)
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T	OTAL This Period (last page this line number o	nly))		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 110		
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12	
			Detailed Summary Page		7
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
V OI	NAME OF COMMITTEE (In Full)	iame and add	dress or any political committee to	Solicit Contributions from Such Committee.	_
\rangle	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Marc Lory			Date of Receipt	
	Mailing Address 9 Tanya Circle			10 13 7 2006	
	City	State	Zip Code	Transaction ID: 13230865	
	Ocean	NJ	07712-7920	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Meridian Health	Occupation Vice Pres			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
В.	Full Name (Last, First, Middle Initial) Mr. George F Lynn			Date of Receipt	_
	Mailing Address 2500 English Creek Ave, Bldg C			10 13 7 2006	
	City	State	Zip Code	Transaction ID: 13230866	
	Egg Harbor Townshi	NJ	08234-5549	Amount of Each Receipt this Period	1
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer AtlantiCare	Occupation President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John P McGee			Date of Receipt	_
	Mailing Address 6 Old Mill Road			10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 13230869	
	Holmdel	NJ	07733-2315	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Solaris Health System	Occupation Presiden	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
s	UBTOTAL of Receipts This Page (optional)			1250.00	
Т	OTAL This Period (last page this line number or	nly)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 / 110
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Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. William Phillips			Date of Receipt
	Mailing Address 1863 Preakness Court			10 13 YYYYY 2006
	City	State	Zip Code	Transaction ID: 13230874
	Wall	NJ	07719-3671	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Meridian Health	Occupation Senior Vi	n ce President Finance and C	hip
	Receipt For:		Year-to-Date V	
	Primary General	riggregate	Tour to Bate V	1
	Other (specify) ▼		225.00	
				1
В.	Full Name (Last, First, Middle Initial) Mr. Robert P Wise			Date of Receipt
	Mailing Address 17 Canterbury Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	10 13 2006
	Lebanon	NJ	08833-3217	Transaction ID: 13230905
		INU	00003-3217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Franksia	10		
	Name of Employer Hunterdon Medical Center	Occupation	า t and Chief Executive Officer	
	Receipt For:		Year-to-Date V	\dashv
	Primary General	Aggregate	FIGAL-10-Date V	1
	Other (specify) ▼		500.00	
_	Full Name (Leat First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) Mr. Steven A. Millard			Date of Receipt
	Mailing Address 615 N. 7th Street			10 06 2006
	City	State	Zip Code	Transaction ID: 13298656
	Eagle	ID	83702-5502	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			250.00
	Name of Employer Idaho Hospital Association	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	050.00	1
	Other (specify)		250.00	
_				
				850.00
S	UBTOTAL of Receipts This Page (optional)		······	650.00

TTEMIZED RECEIPTS Description Descript	SCHEDULE A (FEC Form 3X) Use separate schedule(s)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 18 / 110
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Ms. Gerl Garten Mailing Address HCR 85 Box 289 City Bonners Ferry ID 83805-9612 FEC ID number of contributing foderal political committee. Name of Employer Boundary Confirmantly Hospital B. Mr. Craig A Johnson Mailing Address 411 Remington Ct. City State Zip Code Director of Nursing Receipt For: Primary Oftine (specify) ▼ PEC ID number of contributing foderal political committee. City State Zip Code Sandpoint ID 83864-2323 FEC ID number of contributing foderal political committee. Cocupation Director of Nursing Receipt For: Primary General Other (specify) ▼ PEC ID number of contributing foderal political committee. Cocupation Cocu					(check only one)	. –
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commending purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Ms. Geri Carden Mailing Address HCR 85 Box 289 City State Zip Code Tansaction ID: 13298659 FEC ID number of contributing federal political committee. Primary General Other (specify ▼ 250.00) Full Name (Last, First, Middle Initial) B. Mr. Craig A Jethnson Mailing Address 411 Remington Ct. City State Zip Code Tansaction ID: 13298662 FEC ID number of contributing federal political committee. B. Mr. Craig A Jethnson Mailing Address 411 Remington Ct. City State Zip Code Tansaction ID: 13298662 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Tansaction ID: 13298662 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Chief Executive Officer and Chief Fina Receipt For: Primary General Other (specify ▼ 250.00) City State Zip Code Tansaction ID: 13300566 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code M. State Zip Code Tansaction ID: 13300566 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code M. State Zip Code Tansaction ID: 13300566 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code M. State Zip Code Tansaction ID: 13300566 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code M. State Zip Code Tansaction ID: 1300566 Tansaction ID: 13005666 Tansaction ID: 1	II EIVIIZED RECEIP 13					
To for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mailing Address HCR 85 Box 289 City State Zip Code Bonners Ferry ID 83805-9812 FEC ID number of contributing federal political committee. Name of Employer abundary Committee. Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code ID 83805-9812 Full Name (Last, First, Middle Initial) Mc Craig Address 411 Remington Ct. City State Zip Code Sandpoint ID 83884-2323 FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Vear-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Rolla Mo St01-4738 FEU ID number of contributing federal political committee. City State Zip Code Rolla Mo St01-4738 FEU ID number of contributing federal political committee. City State Zip Code Rolla Mo St01-4738 FEU ID number of contributing federal political committee. City State Zip Code Rolla Mo St01-4738 FEU ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ State Zip Code Transaction ID: 13300566 Amount of Each Receipt this Period Tender Receipt For: Primary General Other (specify) ▼ Aggregate Vear-to-Date ▼ Primary General Other (specify) ▼ Primary General Other						
NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Als. Gen Conten Maling Address HCR 85 Box 289 City State Zip Code Bonners Ferry ID 83805-9612 FEC ID number of contributing federal political committee. C Cupation Director of Nursing Recept For: Primary General Other (specify) State Zip Code Per Boundary Community Hospital Recept For: Primary General Other (specify) State Zip Code Bas884-2323 FEC ID number of contributing federal political committee. C City State Zip Code Sandpoint ID 83884-2323 FEC ID number of contributing federal political committee. C Cocupation C City State Zip Code Sandpoint ID 83884-2323 FEC ID number of contributing federal political committee. C Cocupation C Chief Executive Officer and Chief Fina Report Primary General Other (specify) ▼ 250.00 C Full Name (Last, First, Middle Initial) C Mr. John R Johnson Maling Address 803 Campbridge Drive City Primary General Other (specify) ▼ 250.00 C Cupation C City State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. C Cupation C City State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. C Cupation C City State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. C Cupation C City State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. C Cupation C State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. C Cupation C State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. C Cupation C State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. C Cupation C State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. C Cupation C State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. C Cupation C State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. C C State Zip Code M	Ar	y information copied from such Reports and St	atements may	not be sold or used by any persor	n for the purpose of solicit	ing contributions
American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Ms. Ger Canton Maining Address HCR 85 Box 289 City State Zip Code Bonners Ferry ID 83895-9612 FEC ID number of contributing federal political committee. Name of Employer Boundary Community Hospit- Director of Nursing Receipt For: Primary General Other (specify) \(\) State Zip Code Transaction ID: 13298659 Amount of Each Receipt this Period Fell Name (Last, First, Middle Initial) B. Mr. Craig A Johnson Malling Address 411 Remington Ct. City State Zip Code Sandpoint ID 83864-2323 FEC ID number of contributing federal political committee. C Sandpoint Vision State Vision Vision Vision State Vision Vision Vision State Vision V	OI		name and add	dress or any political committee to s	Solicit Contributions from S	Jucii committee.
Full Name (Last, First, Middle Initial) A. Ms. Gen Garten Mailing Address HCR 85 Box 289 City State Zip Code Bonners Ferry ID 83805-9612 FEC ID number of contributing federal political committee. C Decupation Director of Nursing all Receipt For: Primary General General Political committee. City State Zip Code Transaction ID: 13298659 Amount of Each Receipt his Period Transaction ID: 13298659 Amount of Each Receipt his Period Transaction ID: 13298659 Amount of Each Receipt his Period Transaction ID: 13298659 Amount of Each Receipt his Period Transaction ID: 13298662 Transaction ID: 13298662 Transaction ID: 13298662 Amount of Each Receipt his Period Transaction ID: 13298662		• • •				
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Mailing Address HCR 85 Box 289 Transaction ID: 13298659	Α.				Date of Receipt	
City State Zip Code Bonners Ferry ID 83805-9612 FEC ID number of contributing federal political committee. Name of Employer Boundary Community Hospital Primary General Disabstace of Coupstion Disabstace of Coupstion Director of Nursing					-	/ Y
Bonners Ferry ID 83805-9612 Amount of Each Receipt this Period		5 HONGO BOX 200				
FEC ID number of contributing federal political committee. Name of Employer Boundary Community Hospit-Boundary Community		City	State	Zip Code	Transaction ID: 13	298659
Same of Employer Sandpoint Same of Employer Sandpoint Same of Employer Sandpoint Sandpo		Bonners Ferry	ID	83805-9612	Amount of Each Red	ceipt this Period
Same of Employer Sandpoint Same of Employer Sandpoint Same of Employer Sandpoint Sandpo		FEC ID number of contributing				105.00
Receipt For:						125.00
Receipt For:		N (5)	10 "		4	
Receipt For:		Boundary Community Hospit-				
Primary General Other (specify)					-	
Cither (specify)			Aggregate	e fear-lo-Dale V		
Full Name (Last, First, Middle Initial) B. Mr. Craig A Johnson Mailing Address 411 Remington Ct. City State Zip Code ID 83864-2323 FEC ID number of contributing federal political committee. C C. Name of Employer Perios Quity Regional Medical Center Receipt Total Chief Executive Officer Chief Executive Officer Receipt Total Chief Executive Officer Scales Chief Executive Officer Chief Executive Officer Chief Executive Officer Chief Executive Officer Scales Chief Executive Officer Chief Executive Offic			' '	250.00		
Date of Receipt		Cities (Specify)	1			
Date of Receipt	_	Full Name (Last_First_Middle Initial)				
City State Zip Code ID 83864-2323 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ City State Zip Code Maliting Address 803 Campbridge Drive City State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. City State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. City State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. City Primary General Coccupation Chief Executive Officer and Chief Fina Aggregate Year-to-Date ▼ Transaction ID: 1320966 Transaction ID: 13200566 Amount of Each Receipt this Period Transaction ID: 13300566 Amount of Each Receipt this Period Transaction ID: 13300566 Amount of Each Receipt this Period Transaction ID: 13300566 Amount of Each Receipt this Period Transaction ID: 13300566 Amount of Each Receipt this Period Transaction ID: 13300566 Amount of Each Receipt this Period Transaction ID: 13300566 Amount of Each Receipt this Period Transaction ID: 13200566 Transaction ID: 13200566 Amount of Each Receipt this Period Transaction ID: 13200566	В.				Date of Receipt	
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Sandpoint D 83864-2323 Amount of Each Receipt this Period					10 06	2006
FEC ID number of contributing federal political committee. Name of Employer Boundary Community Hospit- al Receipt For: Primary General Other (specify) ▼		City	State	Zip Code	Transaction ID: 13	298662
Name of Employer Boundary Community Hospit- al Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mr. John R. Denbo Mailing Address 803 Campbridge Drive City State Zip Code Rolla MO 65401-4738 FEC ID number of contributing federal political committee. Name of Employer Prieps Courity Regional Medical Center Receipt For: Primary General Occupation Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt M M M J D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Sandpoint	ID	83864-2323	Amount of Each Red	ceipt this Period
Name of Employer Boundary Community Hospit- al Receipt For:		FEC ID number of contributing				125.00
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ C. Mr. John R. Denbo Mailing Address 803 Campbridge Drive City State Zip Code Rolla MO 65401-4738 FEC ID number of contributing federal political committee. Name of Employer Phelps County Regional Medical Center Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M M / D D / 2 0 0 6 Transaction ID: 13300566 Amount of Each Receipt this Period City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 250.00 Substitution of Each Receipt This Page (optional)		federal political committee.	C			125.00
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ C. Mr. John R. Denbo Mailing Address 803 Campbridge Drive City State Zip Code Rolla MO 65401-4738 FEC ID number of contributing federal political committee. Name of Employer Phelps County Regional Medical Center Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M M / D D / 2 0 0 6 Transaction ID: 13300566 Amount of Each Receipt this Period City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 250.00 Substitution of Each Receipt This Page (optional)		Name of Employer	Occupation	า	+	
Receipt For: Primary General Qther (specify) ▼		Boundary Community Hospit-			1	
Primary General Other (specify) ▼ Date of Receipt					1	
Tell Name (Last, First, Middle Initial) C. Mr. John R. Denbo Mailing Address 803 Campbridge Drive City Rolla FEC ID number of contributing federal political committee. Name of Employer Phelps County Regional Medicial Center Receipt For: Primary Other (specify) ▼ State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional) SUBTOTAL of Receipts This Page (optional)			00 0			
C. Mr. John R. Denbo Mailing Address 803 Campbridge Drive City State Zip Code Rolla MO 65401-4738 FEC ID number of contributing federal political committee. Name of Employer Phelps County Regional Medical Center Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Other (specify) ▼		250.00		
C. Mr. John R. Denbo Mailing Address 803 Campbridge Drive City State Zip Code Rolla MO 65401-4738 FEC ID number of contributing federal political committee. Name of Employer Phelps County Regional Medical Center Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address 803 Campbridge Drive City State Zip Code MO 65401-4738 FEC ID number of contributing federal political committee. Name of Employer Phelps County Regional Medical Center Receipt For: Primary General Other (specify) ▼ Subtotal of Receipts This Page (optional) Agregate Year-to-Date ▼ Subtotal of Receipts This Page (optional)		Full Name (Last, First, Middle Initial)				
City Rolla FEC ID number of contributing federal political committee. Name of Employer Phelps County Regional Medical Center Receipt For: Primary Other (specify) ▼ C State Zip Code MO 65401-4738 Transaction ID: 13300566 Amount of Each Receipt this Period C 250.00 Transaction ID: 13300566 Amount of Each Receipt this Period 250.00 Substituting federal Primary Occupation Chief Executive Officer Aggregate Year-to-Date ▼ Substituting federal Primary Substituting federal Primary Aggregate Year-to-Date ▼ Substituting federal Primary Substituting federal Primary Aggregate Year-to-Date ▼	C.				╡ '	
City Rolla FEC ID number of contributing federal political committee. Name of Employer Phelps County Regional Medical Center Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) State Zip Code MO 65401-4738 Transaction ID: 13300566 Amount of Each Receipt this Period 250.00 Agregate Year-to-Date ▼ 250.00		Mailing Address 803 Campbridge Drive				
Rolla MO 65401-4738 Amount of Each Receipt this Period C Name of Employer Phelps County Regional Medical Center Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) MO 65401-4738 Amount of Each Receipt this Period 250.00 Agreeded Period 250.00 250.00		City	State	Zin Code		
FEC ID number of contributing federal political committee. Name of Employer Phelps County Regional Medical Center Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional) 250.00 250.00		•		•		
Name of Employer Phelps County Regional Medical Center Receipt For: Primary Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Agregate Year-to-Date 250.00 Chief Executive Officer Aggregate Year-to-Date ▼ 250.00 500.00					7 tillodrik of Edolf flox	
Name of Employer Phelps County Regional Medical Center Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional) SUBTOTAL of Receipts This Page (optional)			C			250.00
Phelps County Regional Medical Center Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Chief Executive Officer Aggregate Year-to-Date ▼ 250.00						
dical Center Chief Executive Officer Receipt For:		Pholos County Regional Mo-				
Primary General Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional)	dical Center Chi				4	
Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional)			Aggregate	e Year-to-Date ▼		
SUBTOTAL of Receipts This Page (optional)				250.00		
SOBTOTAL of Receipts This Page (optional)						
SOBTOTAL of Receipts This Page (optional)				• • • • •		
	_	IIRTOTAL of Receipts This Page (optional)		500.00		
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	_T	OTAL This Period (last page this line number of	only)	>	L	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/110
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State	ements mav	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the na	ame and ado	ress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Michael R. Dunaway			Date of Receipt
Mailing Address 15081 Linden Lane			10 06 7 2006
City	State	Zip Code	Transaction ID: 13300571
Leawood	KS	66224-3412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Health Alliance of MidAme-	Occupation	n P, Field Operations	
rica, The Receipt For:		Year-to-Date ▼	
Primary General		050.00	
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Terry O'Rourke			Date of Receipt
Mailing Address 5111 DTC Parkway			10 06 2006
City	State	Zip Code	Transaction ID: 13300580
Greenwood Village	CO	80111-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Centura Health	Occupation		
		dical Officer	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		500.00	
Full Name (Last, First, Middle Initial) C. Mr. Daniel P Moen			Date of Receipt
Mailing Address 242 Green Street			10 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13300585
Gardner	MA	01440-1336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Heywood Hospital	Occupation		7
		and Chief Executive Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		1000.00	
Care (cpoor)			
SUBTOTAL of Receipts This Page (optional)		·····	1750.00
TOTAL This Period (last page this line number on	lv)		

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 110
			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. John O Wilhelm, Jr.			Date of Receipt
	Mailing Address 85 Herrrick Street			10 06 7 2006
	City	State	Zip Code	Transaction ID: 13300588
	Beverly	MA	01915-1777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Beverly Hospital	Occupation Executive	n e Vice President and Chief F	in
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Mr. Normand E Deschene, , FACHE			Date of Receipt
	Mailing Address 295 Varnum Avenue			10 06 7 2006
	City	State	Zip Code	Transaction ID: 13300591
	Lowell	MA	01854-2134	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Lowell General Hospital	Occupation President	ⁿ t and Chief Executive Office	,
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)	' '	500.00	1
		0 0		
Э.	Full Name (Last, First, Middle Initial) Mr. Peter J. Zarrilla			Date of Receipt
	Mailing Address 6 Bates Lane			10 06 2006
	City	State	Zip Code	Transaction ID: 13300593
	Westford	MA	01886-2523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Lowell General Hospital	Occupation Vice Pres	n sident, Human Resources	
	Receipt For:		e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
sı	JBTOTAL of Receipts This Page (optional)			1750.00
	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 110
		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Guillinary Fage	13 14 15 16 17
Any information copied from such Reports and St	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr. Richard Jeffcote			Date of Receipt
Mailing Address 295 Varnum Avenue			10 06 7 9 9 9
City	State	Zip Code	Transaction ID: 13300595
Lowell	MA	01854-2195	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Lowell General Hospital	Occupation Chief Fin	n ancial Officer	
Receipt For:		e Year-to-Date ▼	
Primary General	111		1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Mr. Robert G Norton, , CHE			Date of Receipt
Mailing Address 81 Highland Avenue	10 06 7 2006		
City	State	Zip Code	Transaction ID: 13300597
Salem	MA	01970-2768	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer North Shore Medical Center	Occupation Presiden	n t and Chief Executive Office	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		1000.00	1
Other (specify)	0 0	1000.00	
Full Name (Last, First, Middle Initial) Mr. Winfield Brown			Date of Receipt
Mailing Address 49 Village View Road			10 06 7 2006
City	State	Zip Code	Transaction ID: 13300599
Westford	MA	01886-2359	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Lowell General Hospital		sident, Administration	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	1	250.00	1
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)			1500.00
TOTAL This Period (last page this line number of	only)		

PAGE 22 / 110 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Keith C. McLean-Shinaman Date of Receipt Mailing Address 53n Hayes Road 2006 10 17 Zip Code City State Transaction ID: 13300601 **Tariffville** CT 06081-9631 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Baystate Health, Inc. Occupation Chief Financial Officer Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John Szum Date of Receipt Mailing Address 3 Windsor Road 06 2006 City Zip Code State Transaction ID: 13300603 East Walpole MA 02032-1359 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Care Group, Inc. Occupation Executive Vice President & CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Steven F Bradley Date of Receipt Mailing Address 759 Chestnut Street 2006 10 06 Citv State Zip Code Transaction ID: 13300609 Springfield MA 01199-0001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Baystate Health, Inc. Occupation Vice President Government Relations Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 23 / 110		
	ITEMIZED RECEIPTS		or each category of the	(check only one)		
TI LIMIZED TIECEIF 13			Detailed Summary Page	X 11a 11b	11c 12	
_				13 14	15 16 17	
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of solicit solicit contributions from s	ing contributions such committee.	
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
	7 interiodir i toopital 7 loodestation 1 7 lo					
_	Full Name (Last, First, Middle Initial)					
Α.	Mr. Dennis W. Chalke			Date of Receipt		
	Mailing Address 80 Jonquil Lane			10 06	2006	
	City	State	Zip Code	Transaction ID: 13		
	Longmeadow	MA	01106-2240	Amount of Each Red		
			01100 EE 10	Amount of Each Floor	 	
	FEC ID number of contributing federal political committee.	C			250.00	
	<u> </u>					
	Name of Employer Baystate Medical Center	Occupation				
			sident, Finance	_		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,		
	Other (specify)		250.00			
		0 0	1 1 1 1 1 1 1	1		
_	Full Name (Last, First, Middle Initial)					
В.	Ms. Karen Shine Nelson			Date of Receipt		
	Mailing Address 2 Stone Headge Drive			M M / D D	2006	
	Cit.	Ctata	7in Ondo	10 06		
	City	State	Zip Code	Transaction ID: 13		
	Wilmington	MA	01887-3190	Amount of Each Red	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Massachusetts Hospital As-	Occupation				
	sociation		President, Clinical Affairs			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify)		250.00			
	Other (specify)	0 0				
_	Full Name (Last, First, Middle Initial)					
C.	Mr. Joseph White, III			Date of Receipt		
	Mailing Address 10 Lakeside Terrace			M M / D D		
	011	01-1-	7'- 0-4-	10 06	2006	
	City Westford	State MA	Zip Code	Transaction ID: 13		
		IVIA	01886-1392	Amount of Each Red	ceipt this Period	
Lowell General Hospital Exe Receipt For: Agg		C			250.00	
		Occupation				
			e Vice President & COO			
		Aggregate	e Year-to-Date ▼	. [
Primary General Other (specify) ▼			250.00			
	Other (specify)	0 0	0 0 0 0 0 0 0	1		
s	UBTOTAL of Receipts This Page (optional)		750.00			
\vdash				-		
T	OTAL This Period (last page this line number of	only))			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 24 / 110
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Wayne Dodwell			Date of Receipt
	Mailing Address Rural Route 1, Box 11			10 06 7 2006
	City	State	Zip Code	Transaction ID: 13300647
	Machias	ME	04654-9758	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Down East Community Hospi- tal	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		350.00	1
	Other (specify) ▼		000.00	
3.	Full Name (Last, First, Middle Initial) Mr. William G. Flynn			Date of Receipt
	Mailing Address 41 Shannon Way			10 17 2006
	City	State	Zip Code	Transaction ID: 13300654
	Lancaster	MA	01523-2952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Massachusetts Hospital As- sociation	Occupation Executive	n e Vice President & COO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Edgar L. Lawrence			Date of Receipt
	Mailing Address 1309 Milldam Road			10 06 7 2006
	City	State	Zip Code	Transaction ID: 13302577
	Towson	MD	21286-1432	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		600.00
	Name of Employer Maryland Hospital Associa-	Occupation	n e Vice President	
	tion Receipt For:		e Year-to-Date ▼	1
	Primary General		200.00	1
	Other (specify)		600.00	
s	UBTOTAL of Receipts This Page (optional)			1200.00
т.	OTAL This Period (last page this line number or	nlv)		
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)					
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
		, ,	13 14 15 16 17					
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
American Hospital Association PAC								
Full Name (Last, First, Middle Initial) A. Ms. Denise Matricciani			Date of Receipt					
Mailing Address 4423 Necker Avenue			10 06 7 2006					
City	State	Zip Code	Transaction ID: 13302578					
Baltimore	MD	21236-2968	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		600.00					
Name of Employer Maryland Hospital Associa- tion	Occupation Vice Pres	n sident, Government Relation	s					
Receipt For:	Aggregate	e Year-to-Date ▼						
Primary General Other (specify) ▼		600.00						
Full Name (Last, First, Middle Initial) 3. Ms. Pegeen Townsend			Date of Receipt					
Mailing Address 225 Nckeon Road			10 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State	Zip Code	Transaction ID: 13302580					
Severna Park	MD	21146	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		600.00					
Name of Employer Maryland Hospital Associa- tion	Occupation Sr. Vice I	n President, Legislative Policy						
Receipt For:	Aggregate	e Year-to-Date ▼						
Primary General Other (specify) ▼		600.00						
Full Name (Last, First, Middle Initial) C. Mr. Terry W Andrus			Date of Receipt					
Mailing Address 2000 Pepperell Parkway	у		10 18 2006					
City	State	Zip Code	Transaction ID: 13302925					
<u>Opelika</u>	AL	36801-5452	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		3000.00					
Name of Employer East Alabama Medical Cent- er	Occupation President							
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00						
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)							
TOTAL This Period (last page this line number o	only)							

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 26 / 110
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			zotanou cummur, rugo	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Michael Lisenby			Date of Receipt
	Mailing Address 807 Laurel Street			10 18 2006
	City	State	Zip Code	Transaction ID: 13302927
	Opelika	AL	36801-3519	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer East Alabama Medical Cent-	Occupation Chief Me	n dical Officer	
	er Receipt For:	1	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		1000.00	
В.	Full Name (Last, First, Middle Initial) Ms. Laura Grill			Date of Receipt
	Mailing Address 2000 Pepperell Parkway	1		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13302933
	Opelika	AL	36801-5422	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			
	Name of Employer East Alabama Medical Cent-	Occupation		
	er		sident, Patient Services	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify)	1 1		
_	Full Name (Last, First, Middle Initial) Mr. Tommy T Chittom			Data of Descript
C.	Mailing Address 2000 Pepperell Parkway	1		Date of Receipt
	Z000 Peppereli Parkway	/		10 18 2006
	City	State	Zip Code	Transaction ID: 13302934
	Opelika	AL	36802-3201	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer East Alabama Medical Cent-	Occupation		
	er	1	ormation Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼		1000.00	
_				
				3000.00
S	UBTOTAL of Receipts This Page (optional)			3000.00

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 110
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Ken Lott			Date of Receipt
	Mailing Address 1567 Oak Hill Circle			10 18 2006
	City	State	Zip Code	Transaction ID: 13302935
	Auburn	AL	36832-6798	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer East Alabama Medical Cent-	Occupation Vice Pres	n sident, Operations	
	er Receipt For:	1	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Mr. Wayne H. Poe			Date of Receipt
	Mailing Address 4293 Al Hwy. 169	10 18 2006		
	City	State	Zip Code	Transaction ID: 13302936
	<u>Opelika</u>	AL	36804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer East Alabama Medical Cent- er	Occupation Vice Pres	n sident & Administration	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Janice Baker			Date of Receipt
	Mailing Address 1798 Ogletree Road			10 18 7 2006
	City	State	Zip Code	Transaction ID: 13302937
	Auburn	AL	36830-7258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer East Alabama Medical Cent- er	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			3000.00
_	OTAL This Deviced (less name this line number of	alv)		
- 1 '	OTAL This Period (last page this line number or	п у)	.	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 110
ITEMIZED RECEIPTS			or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	
or		ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Ms. Carey M. Owen			Date of Receipt
	Mailing Address 2520 Springwood Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13302938
	Auburn	AL	36830-7236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer East Alabama Medical Cent- er	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		1000.00	
	Other (specify) ▼			
3.	Full Name (Last, First, Middle Initial) Mr. Sam Price			Date of Receipt
	Mailing Address 2000 Pepperell Parkway			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13302949
	<u>Opelika</u>	AL	36802-3201	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.	<u></u>		1000.00
	Name of Employer East Alabama Medical Cent-	Occupation		7
	er		sident, Finance	\dashv
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		1000.00	
Э.	Full Name (Last, First, Middle Initial) Mr. J. Frazer Rolen, Jr.			Date of Receipt
	Mailing Address 2204 Lakeshore Drive Suite 230			10 18 2006
	City	State	Zip Code	Transaction ID: 13302950
	Birmingham	AL	35209-6729	Amount of Each Receipt this Period
	FEC ID number of contributing	С		667.00
	federal political committee.			
	Name of Employer Alabama Hospital Associat-	Occupation		
	ion Receipt For:		Director, Federal Advocacy e Year-to-Date ▼	\dashv
	Primary General	55. 59410		1
	Other (specify) ▼		667.00	
				2667.00
s	UDTOTAL (D TI. D /)		_	2667.00
	UBTOTAL of Receipts This Page (optional)		······	

SCHEDIII E A (EEC Form 3Y)				FOR LINE NUMBER: PAGE 29 / 110		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Ar	y information copied from such Reports and St	atements may	not be sold or used by any pers	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
	•					
	Full Name (Last, First, Middle Initial)					
A.	Mr. Gregg B. Everett			Date of Receipt		
	Mailing Address 8224 Parkview Court			M M / D D / Y Y Y Y Y		
	0::	0	7: 0 1	10 18 2006		
	City	State	Zip Code	Transaction ID: 13302951		
	Montgomery	AL	36117-6964	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		504.00		
	federal political committee.	0				
	Name of Employer	Occupation	า	\dashv		
	Name of Employer Alabama Hospital Associat-		President & General Couns	el		
	ion Receipt For:		e Year-to-Date ▼			
	Primary General	00 0				
	Other (specify) ▼		504.00			
				_		
	Full Name (Last, First, Middle Initial)					
В.	Ms. Danne J. Howard			Date of Receipt		
	Mailing Address 1812 Woodmere Loop	M M / D D / Y Y Y Y				
				10 18 2006		
	City	State	Zip Code	Transaction ID: 13302974		
	Montgomery	AL	36117-5004	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		500.00		
	federal political committee.					
	Name of Employer	Occupation	า	\dashv		
	Name of Employer Alabama Hospital Associat-		Government Relations			
	ion Receipt For:		e Year-to-Date ▼			
	Primary General	1.555	1 1 1 1 1 1 1	7		
	Other (specify) ▼		500.00			
				_		
	Full Name (Last, First, Middle Initial)					
C.	Mr. R. Thomas Cooper, III			Date of Receipt		
	Mailing Address 404 Paddock Lane			M M / D D / Y Y Y Y		
	0::			10 18 2006		
	City	State	Zip Code	Transaction ID: 13302978		
	Montgomery	AL	36109-4625	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		500.00		
	federal political committee.					
	Name of Employer Alabama Hospital Associat-	Occupation	า	\dashv		
	Alabama Hoʻspifal Associat- ion	Chief Fin	ancial Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General			7		
Other (specify) ▼			500.00			
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s	UBTOTAL of Receipts This Page (optional)			1504.00		
\vdash						
т	OTAL This Period (last page this line number of	only)				

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 30 / 110		
			Use separate schedule(s) or each category of the	(check only one)		
Ш	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Betailed Garminary Fage	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	ame and ado	lress of any political committee to	solicit contributions from such committee.		
abla	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
	•					
	Full Name (Last, First, Middle Initial)					
Α.	Ms. Rosemary Blackmon			Date of Receipt		
	Mailing Address 547 Le Grand Place			M M / D D / Y Y Y Y		
	-			10 18 2006		
	City	State	Zip Code	Transaction ID: 13302980		
	Montgomery	AL	36106-1825	Amount of Each Receipt this Period		
	FEC ID number of contributing			252.00		
	federal political committee.	C		252.00		
		10 "		_		
	Name of Employer Alabama Hospital Associat-	Occupation				
	ion	1	sident of Public Relations			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		252.00			
	Other (specify) ▼			1		
ь	Full Name (Last, First, Middle Initial)			Data of Danaint		
В.	Ms. Jane Knight			Date of Receipt		
	Mailing Address 1612 Salisbury Place	10 18 2006				
	City	State	Zip Code			
	•		•	Transaction ID: 13302981		
	Montgomery	AL	36117-2562	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		250.00		
	federal political committee.					
	Name of Employer Alabama Hospital Associat-	Occupation	1			
	Alabama Hospital Associat- ion	Vice Pres	sident, Member Relations			
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General			1		
	Other (specify) ▼		250.00			
				1		
	Full Name (Last, First, Middle Initial)					
C.	Mr. Don Adams			Date of Receipt		
	Mailing Address 419 Natural Resources	Drive		M M / D D / Y Y Y Y		
				10 06 2006		
	City	State	Zip Code	Transaction ID: 13302983		
	Little Rock	AR	72205-1576	Amount of Each Receipt this Period		
	FEC ID number of contributing			325.00		
	federal political committee.	C		025.00		
	Name of Employer	Occupation	-	-		
	Name of Employer Arkansas Hospital Associa-	Vice Pres				
	tion Receipt For:		Year-to-Date V	\dashv		
	Primary General	Aggregate	r rear-lu-Dale ♥			
	Other (specify)		325.00			
	Other (specify) \		1 1 1 1 1 1 1	1		
_	UDTOTAL (D. 11. TH. T. 11. T. T. 11. T. T. 11. T. T. 11. T. 11. T. 11. T. 11. T. 11. T. 11. T. T. 11. T. T. T. T.			827.00		
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	021100		
1						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 110
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Staten	nents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	ne and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Robert R. Bash			Date of Receipt
	Mailing Address 906 Woodlawn	10 06 7 2006		
	City	State	Zip Code	Transaction ID: 13302984
	Warren	AR	71671-3018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		325.00
	Rooneville Community Hosp-	Occupation Administrator		
	ıldı		Year-to-Date ▼	
	Primary General	1 1		
	Other (specify) ▼		325.00	
3.	Full Name (Last, First, Middle Initial) Mr. Roger M. Busfield			Date of Receipt
	Mailing Address 419 Natural Resources Dr	10 06 YYYYY 10 2006		
	City	State	Zip Code	Transaction ID: 13302985
	Little Rock	AR	72205-1576	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		325.00
	Arkaneae Hoenital Accocia-	Occupation		
	tion		Emeritus	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		325.00	
	E III A LE LINE LUI II			-
Э.	Full Name (Last, First, Middle Initial) Mr. David Cicero			Date of Receipt
	Mailing Address P O Box 797			10 06 2006
	City	State	Zip Code	Transaction ID: 13302986
	Camden	AR	71701-0797	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		325.00
	Name of Employer Ouachita Medical Center	Occupation	1	7
		President		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		325.00	
	Other (specify)	0 0		
s	UBTOTAL of Receipts This Page (optional)			975.00
_	OTAL This Period (last page this line number only)			
	LILAI THE PARIOR HERE BOND THE HIND HUMBAR ANIVI			

SCHEDIII E A (EEC Form 2V)				FOR LINE NUMBER: PAGE 32/110		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12		
			Detailed Summary Page			
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or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	rnot be sold or used by any person dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Dean Davenport			Date of Receipt		
	Mailing Address Post Office Box 3667	10 06 2006				
	City	State	Zip Code	Transaction ID: 13302987		
	Little Rock	AR	72203-3667	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		325.00		
	Name of Employer Ouachita Medical Center	Occupation CPA	1	7		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼	1	325.00			
				A		
В.	Full Name (Last, First, Middle Initial) Mr. Dan Gathright			Date of Receipt		
	Mailing Address 3050 Twin Rivers Drive	M M / D D / Y Y Y Y				
		10 06 2006				
	City	State	Zip Code	Transaction ID: 13302988		
	Arkadelphia	AR	71923-4299	Amount of Each Receipt this Period		
	FEC ID number of contributing			225.00		
	federal political committee.	C		325.00		
	N (5)	10		_		
	Name of Employer Baptist Health Medical Ce-	Occupation	า ce President and Administra			
	nter-Arkadelp					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		325.00			
	☐ Other (specify) ▼			J.		
_	Full Name (Last, First, Middle Initial)			-		
C.	Mr. Russell D Harrington, , Jr.			Date of Receipt		
	Mailing Address 9601 Interstate 630, Exi	10 06 2006				
	City	State	Zip Code	Transaction ID: 13302989		
	Little Rock	AR	72205-7202	Amount of Each Receipt this Period		
	FFC ID number of contribution			205.00		
	federal political committee.			325.00		
	Name of Employer Baptist Health	Occupation	า	7		
	Baptist Health	Baptist Health President and Chief Executive Officer				
	Receipt For:	-	Year-to-Date ▼	7		
	Primary General	22 0		1		
	Other (specify) ▼		325.00			
				A		
_	LIPTOTAL of Doccioto This Dane (antique)		-	975.00		
hill	UBTOTAL of Receipts This Page (optional)					
1						

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 33 / 110
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Beth Ingram			Date of Receipt
	Mailing Address 419 Natural Resources	Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13302990
	Little Rock	AR	72205-1576	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		325.00
	Name of Employer Arkansas Hospital Associa- tion	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		325.00	
В.	Full Name (Last, First, Middle Initial) Mr. Luther J Lewis, , FACHE			Date of Receipt
	Mailing Address P O Box 1998	M M / D D / Y Y Y Y		
				10 06 2006
	City	State	Zip Code	Transaction ID: 13302991
	El Dorado	AR	71731-1998	Amount of Each Receipt this Period
	FEC ID number of contributing			325.00
	federal political committee.	C		323.00
	Name of Employer	Occupation	า	
	Medical Center of South		ecutive Officer	
	Arkansas Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼		325.00	
_				4
C.	Full Name (Last, First, Middle Initial) Mr. Phil E. Matthews			Date of Receipt
	Mailing Address 419 Natural Resources	10 06 7 2006		
	City	State	Zip Code	Transaction ID: 13302992
	Little Rock	AR	72205-1576	Amount of Each Receipt this Period
	FEC ID number of contributing			325.00
	federal political committee.			323.00
	Name of Employer Arkansas Hospital Associa-	Occupation		
	tion	President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		325.00	1
	Other (specify)		020.00	1
				975.00
LS	UBTOTAL of Receipts This Page (optional)		······································	313.00

SCHEDIII E A (EEC Form 2V)				FOR LINE NUMBER: PAGE 34 / 110		
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12		
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Δr	y information copied from such Reports and St	atomonte may	y not be sold or used by any perso			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Raymond W Montgomery, , II			Date of Receipt		
	Mailing Address 3214 East Race			10 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13302993		
	Searcy	AR	72143-4810	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		325.00		
	Name of Employer White County Medical Cent-	Occupation	n t and Chief Executive Officer			
	er Receipt For:		Year-to-Date ▼	-		
	Primary General	7.99.094.0		1		
	Other (specify) ▼		325.00			
В.	Full Name (Last, First, Middle Initial) Mr. John C Neal			Date of Receipt		
	Mailing Address P O Box 1905	M M / D D / Y Y Y Y				
				10 06 2006		
	City	State	Zip Code	Transaction ID: 13302994		
	Stuttgart	AR	72160-1905	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		325.00		
	Name of Employer Stuttgart Regional Medical	Occupation		7		
	Center	1	ecutive Officer	_		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		325.00			
	Other (specify)					
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt		
U .	Mr. James Newman Mailing Address 895 West 6th Street			Date of Receipt		
	Walling Address 895 West 6th Street			10 06 2006		
	City	State	Zip Code	Transaction ID: 13302995		
	Fort Smith	AR	72958-7001	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		325.00		
	Name of Employer Mercy Hospital of Scott County	Occupation Senior Vi	n ce President and Chief Fina	nq		
	Receipt For:	Aggregate	Year-to-Date ▼	7		
	Primary General			1		
	Other (specify) ▼		325.00			
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s	UBTOTAL of Receipts This Page (optional)		.	975.00		
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SCHEDULE A (FEC Form 3X)		Llas asparata asbadula(s)	FOR LINE NUMBER:	PAGE 35/110	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	n for the purpose of solici	ting contributions		
or		name and add	dress of any political committee to	SOIICIT CONTRIBUTIONS FROM	such committee.
	NAME OF COMMITTEE (In Full)				
17	American Hospital Association PAC				
_	Full Name (Last First Middle Initial)				
Α.	Full Name (Last, First, Middle Initial) Mr. Scott Peek			Date of Receipt	
	Mailing Address P O Box 639			M M / D D	/ Y
	3 11 11 1 1 0 Box 000			10 06	2006
	City	State	Zip Code	Transaction ID: 13	302996
	<u>Danville</u>	AR	72833-0639	Amount of Each Re	
	FEC ID number of contributing				205.00
	federal political committee.	C			325.00
	Name of Employer Chambers Memorial Hospital	Occupation			
	<u> </u>		ecutive Officer and Chief Fina	<u>a</u>	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		325.00		
	Other (specify)	0 0			
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address P O Box 339			M M / D D	/ Y Y Y Y
				10 06	2006
	City	State	Zip Code	Transaction ID: 13	302997
	Paragould	AR	72451-0339	Amount of Each Re	ceipt this Period
	FEC ID number of contributing				325.00
	federal political committee.	C			323.00
	Name of Employer	Occupation	<u> </u>	+	
	Name of Employer Arkansas Methodist Medical	Presiden			
	Center Receipt For:		Year-to-Date ▼	_	
	Primary General	7.99.094.0	Tour to Date (
	Other (specify)		325.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Bo Ryall			Date of Receipt	
	Mailing Address 419 Natural Resources	Drive		1 0 0 6	2006
	City	State	Zip Code	Transaction ID: 13	
	Little Rock	AR	72205-1576	Amount of Each Re	
		7111	72203 1370	Amount of Lacif Ne	ceipi illis Pellou
	FEC ID number of contributing federal political committee.	C			325.00
	•				
	Name of Employer Arkansas Hospital Associa-	Occupation			
	tion	_	e Vice President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		325.00		
Other (specify) ▼			020.00		
_	IIDTOTAL of Descripts Title Descripts Title Descripts				975.00
Ls	UBTOTAL of Receipts This Page (optional)				
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1 1	OTAL This Period (last page this line number of	лиу)			

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 36 / 110
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
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An	y information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of solic	iting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
\	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
٩.	Dr. Stephen Smart, DDS			Date of Receipt	
	Mailing Address 318 Thompson			M M / D D	
	O.t	C+-+-	7in Oada	10 06	2006
	City	State AR	Zip Code	Transaction ID: 13	
	El Dorado	An	71730-4569	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			325.00
	Name of Employer Medical Center of South	Occupation	1		
	Medical Center of South Arkansas	Chairmar	า		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		225.00	1	
	Other (specify) ▼	0 0	325.00	J	
3.	Full Name (Last, First, Middle Initial) Mr. Doug Weeks			Date of Receipt	
٠.	Mailing Address 9601 Interstate 630 Exit	M M / D D	/ Y		
	Maining Address 3001 Interstate 000 Exit	10 06	2006		
	City	City State Zip Code			
	Little Rock	AR	72205-7299	Transaction ID: 13 Amount of Each Re	
	FEC ID number of contributing				225.00
	federal political committee.	C			325.00
	Name of Employer	Occupation	<u> </u>	\dashv	
	Baptist Health		President & Administrator		
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼		325.00		
•	Full Name (Last, First, Middle Initial) Mr. Michael D. Helm			Date of Receipt	
	Mailing Address Post Office Box 17006			M M / D D	/ Y Y Y Y Y
				10 06	2006
	City	State	Zip Code	Transaction ID: 13	3303001
	Fort Smith	AR	72917-7006	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			203.10
	federal political committee.				200.10
	Name of Employer	Occupation	1	┪	
	Sparks Regional Medical Center	President			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		203.10	1	
	Other (specify) ▼		203.10	1	
_					853.10
S	JBTOTAL of Receipts This Page (optional)		······		033.10
T	OTAL This Period (last page this line number on	ly))		

SCHEDULE A (FEC	Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 11	0
TEMIZED RECEIP	-	or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12	_
Any information copied from s	uch Reports and Statements may	y not he sold or used by any perso	13 14 15 16 on for the purpose of soliciting contributions	17
or for commercial purposes, o	ther than using the name and add	lress of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (American Hospital Ass	,			
Full Name (Last, First, Mid Mr. Lee A Simpson, Jr.			Date of Receipt	
Mailing Address 21 Bric	lgeway Road		10 06 2006	
City	State	Zip Code	Transaction ID: 13303002	
North Little Rock FEC ID number of contribu	AR	72113-9514	Amount of Each Receipt this Period	
federal political committee.	C		203.10)
Name of Employer BridgeWay, The	Occupation Chief Exe	n ecutive Officer and Managinq	 g Φ	
Receipt For:	""	Year-to-Date ▼		
Primary Ge Other (specify) ▼	neral	203.10		
Full Name (Last, First, Mid 3. Mr. Fred L Jackson	dle Initial)		Date of Receipt	
Mailing Address P O Bo	ox 151		10 06 2006	
City	State	Zip Code	Transaction ID: 13303157	
Ashland	KY	41105-0151	Amount of Each Receipt this Period	
FEC ID number of contributed federal political committee.	C		500.00)
Name of Employer King's Daughters Medical	Occupation Chief Exe	n ecutive Officer		
Center Receipt For:		Year-to-Date ▼		
	neral	500.00	1	
Other (specify)	0 0	300.00		
Full Name (Last, First, Mid Ms. Connie Smith	dle Initial)		Date of Receipt	
Mailing Address P O Bo	ox 90010		10 06 2006	
City	State	Zip Code	Transaction ID: 13303161	_
Bowling Green	KY	42102-9010	Amount of Each Receipt this Period	
FEC ID number of contributed rederal political committee.	ıting C		500.00)
Name of Employer Medical Center at Bowling	Occupation			
Green, The Receipt For:		ecutive Officer Year-to-Date		
	neral		1	
Other (specify)		500.00		
SUBTOTAL of Receipts This	Page (optional)		1203.10)
TOTAL This Period (last pag	e this line number only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 110				
ITEMIZED RECEIPTS			or each category of the	(check only one)			
••	LIMIZED RECEIL TO		Detailed Summary Page	X 11a 11b	11c 12 15 16 17		
Δ.,	winformation conied from such Departs and C	totomonto mo	, not be cold or upod by any nares				
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions fr	on such committee.		
	NAME OF COMMITTEE (In Full)		• •				
$ \rangle$	American Hospital Association PAC						
	Full Name (Last, First, Middle Initial)						
Α.	Mr. Stephen P Dexter			Date of Receipt			
	Mailing Address 7 Stony Point				13 2006		
	City	State	Zip Code	Transaction ID:			
	Charleston	WV	25314-1663		Receipt this Period		
	FEC ID number of contributing			7 tillodilit of Edol	 		
	federal political committee.	C			1000.00		
	Name of Employer Thomas Memorial Hospital	Occupation					
	Receipt For:		t and Chief Executive Officer Year-to-Date T				
	Primary General	Aygregate	rear-to-Date ♥				
	Other (specify)		1000.00				
			0 0 0 0 0 0 0				
	Full Name (Last, First, Middle Initial)	ļ					
В.				Date of Receipt			
	Mailing Address 1431 Mayfield Road				13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code				
	City	WV	•	Transaction ID:			
	Morgantown	VVV	26505-5809	Amount of Each	Receipt this Period		
	FEC ID number of contributing federal political committee.	C			1000.00		
	Name of Employer West Virginia University	Occupation					
	Hospitals		t and Chief Executive Officer	_			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		1000.00				
	Curici (Specify)						
_	Full Name (Last, First, Middle Initial)	I					
C.	Dr. John McKnight			Date of Receipt			
	Mailing Address 210 Rivercrest Drive				D / Y Y Y Y		
	011	01-1-	7'- 0-1-		13 2006		
	City	State WV	Zip Code	Transaction ID:			
	Morgantown	VVV	26508-9000	Amount of Each	Receipt this Period		
	FEC ID number of contributing federal political committee.	C			1000.00		
	Name of Employer Monongalia General Hospit-	Occupation					
	<u>al</u>	Medical [
	Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼			1000.00				
	Other (specify)	0 0					
		l					
s	UBTOTAL of Receipts This Page (optional)			<u></u>	3000.00		
\vdash							
T	FOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3)	X)		FOR LINE NUMBER: PAGE 39 / 110	
	Λ)	Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
		Detailed Guillinary Fage	13 14 15 16 17	
Any information copied from such Reports a	nd Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions	
or for commercial purposes, other than using	g the name and add	dress of any political committee to	o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Hospital Association PA	С			
Full Name (Last, First, Middle Initial)				
Mr. Dan Lauffer, , FACHE			Date of Receipt	
Mailing Address 1039 Pendleton Pl	ace		10 13 2006	
City	State	Zip Code	Transaction ID: 13304793	
Hurricane	WV	25526-9484	Amount of Each Receipt this Period	
		20020 0404		
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer Saint Francis Hospital	Occupation	n ecutive Officer		
Receipt For:		e Year-to-Date ▼	_	
Primary General	Aggregate	Teal to Bate ¥	7	
Other (specify) ▼		1000.00		
			_	
Full Name (Last, First, Middle Initial) 3. Mr. David L. Ramsey	•		Date of Receipt	
Mailing Address 20 Wildacre Road	ling Address 20 Wildacre Road			
City	State	Zip Code	Transaction ID: 13304798	
Charleston	WV	25314	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer	Occupation	n		
Charleston Åreá Medical Center	Presiden	t and Chief Executive Office	r	
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		1000.00	7	
Other (specify)	0 0	1000.00		
Full Name (Last, First, Middle Initial) Dr. Raymond V Ingham, , Ph.D.			Date of Receipt	
Mailing Address 217 East Drive			M M / D D / Y Y Y Y	
			10 18 2006	
City	State	Zip Code	Transaction ID: 13304823	
Lebanon	IN	46052-1221	Amount of Each Receipt this Period	
FEC ID number of contributing	C		500.00	
federal political committee.	federal political committee.			
Name of Employer Witham Memorial Hospital	Occupation	n	\exists	
Witham Memorial Hospital	Presiden	t and CEO		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		500.00	7	
Other (specify)		300.00		
SUBTOTAL of Receipts This Page (option	al)		2500.00	
TOTAL This Period (last page this line nur	nber only)			

C]		FOR LINE NUMBER: PAGE 40 / 110		
5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)		
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
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or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	rnot be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. lan G. Worden			Date of Receipt		
	Mailing Address 10749 King's Mill Dr.			10 18 2006		
	City	State	Zip Code	Transaction ID: 13305063		
	Carmel	IN	46032-9467	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer St. Vincent Indianapolis Hospital Receipt For:		n ancial Officer Year-to-Date ▼			
	Primary General Other (specify) ▼	93.13	500.00			
<u> </u>	Full Name (Last, First, Middle Initial) Vincent C. Caponi			Date of Receipt		
	Mailing Address 8166 Darnley Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13305064		
	Indianapolis	IN	46260-2906	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer St. Vincent Indianapolis Hospital	Occupation CEO				
	Receipt For:	Aggregate	Year-to-Date ▼	_		
	Primary General Other (specify) ▼		500.00			
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Jon D. Rahman, M.D.			Date of Receipt		
	Mailing Address 418 Burlington Lane			10 18 2006		
	City	State	Zip Code	Transaction ID: 13305065		
	Carmel	IN	46032-9162	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer St. Vincent Indianapolis Hospital Receipt For:	_1	n dical Officer Year-to-Date ▼			
	Primary General Other (specify) ▼	Aggregate	500.00			
s	UBTOTAL of Receipts This Page (optional)			1500.00		
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SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 41 / 110
			Use separate schedule(s) or each category of the	(check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. David R Doerr			Date of Receipt
	Mailing Address 11200 S. State Rd 63			10 18 2006
	City	State	Zip Code	Transaction ID: 13305066
	Terre Haute	IN	47802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Union Hospital	Occupation	1	
	Receipt For:	1	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Kyle De Fur, , FACHE			Date of Receipt
	Mailing Address 1707 Mimosa Lane	10 18 2006		
	City	State	Zip Code	Transaction ID: 13305068
	Anderson	IN	46011-1134	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint John's Health System	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	230.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Jerry Laue			Date of Receipt
	Mailing Address 4700 N. S.R. 59			10 18 7 2006
	City	State	Zip Code	Transaction ID: 13305069
	<u>Brazil</u>	IN	47834	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer St. Vincent Clay Hospital	Occupation Administr		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
_				
T	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 42/110
ITEMIZED RECEIPTS	or each category of the	(check only one)
TI ENIIZED TIEGEII 13	Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Statements	s may not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name an	d address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial)		
Ms. Jane Craigin		Date of Receipt
Mailing Address 1154 E. Boulevard		10 18 2006
City Stat	e Zip Code	Transaction ID: 13305070
Pine Village IN	47975-8053	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee		250.00
federal political committee.		250.00
Name of Employer St. Vincent Williamsport Obio	pation	7
Hospital	f Executive Officer	_
	egate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Canon (opening)	0 0 0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial)		
Ms. Anne Coleman Mailing Address COOO C. 050 F.		Date of Receipt
Mailing Address 6630 S. 850 E.		10 18 2006
City Stat	e Zip Code	Transaction ID: 13305071
Zionsville IN	46077-9313	Amount of Each Receipt this Period
FEC ID number of contributing		250.00
federal political committee.		
Name of Employer St. Vincent Women's Hospi-	pation	7
tal	inistrator	
Receipt For: Aggr Primary General	egate Year-to-Date ▼	
Other (specify)	250.00	
(4)	0 0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial)		Balant Bandal
Dr. Michael C. Wiemann, M.D. Mailing Address 1814 N. 1100 E.		Date of Receipt
Maining 7,661655 1814 N. 1100 L.		10 18 2006
City Stat	e Zip Code	Transaction ID: 13305072
Sheridan IN	46069-9047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
- Coordi political committee.		
Ct Vincent Indiananalia	pation	
riospitai	f Medical Officer egate Year-to-Date ▼	_
Primary General	egate real to Bate V	1
Other (specify) ▼	250.00	
		750.00
SUBTOTAL of Receipts This Page (optional)	······	700.00
TOTAL This Period (last page this line number only))	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 43 / 110
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
٩.	Full Name (Last, First, Middle Initial) Mr. Gary A Fammartino			Date of Receipt
	Mailing Address 4213 W. 131st Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13305073
	Westfield	IN	46074-9603	
		IIN	40074-9003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Vincent Indianapolis	Occupation Vice Pres		
	Hospital Receipt For:		Year-to-Date V	-
	Primary General	Aggregate	r rear-to-bate V	1
	Other (specify)		250.00	
	canor (opens,), •	0 0	0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Dr. Patricia A Maryland, , Dr.PH			Date of Receipt
	Mailing Address 10995 Sedgemoor Circle			M M / D D / Y Y Y Y
				10 18 2006
	City	State	Zip Code	Transaction ID: 13305074
	Carmel	IN	46032-9194	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	า	
	St. Vincent Indianapolis	President		
	Hospital Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial)			
Э.	Mrs. Jean M. Meyer			Date of Receipt
	Mailing Address 201 Angela Court			10 18 2006
	City	State	Zip Code	Transaction ID: 13305075
	Noblesville	IN	46060-9241	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	7
	St. Vincent Indianapolis Hospital		· President & Chief Nursing O	ff
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify)	1	250.00	
				1
	<u>'</u>			
SI	UBTOTAL of Receipts This Page (optional)			750.00
				-

0	CHEDINE A (EEC Form 2V)			FOR LINE NUMBER: PAGE 44 / 110		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
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or	ny information copied from such Reports and Stator commercial purposes, other than using the r	name and add	r not be sold or used by any person dress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Paul Janssen			Date of Receipt		
	Mailing Address 601 Hosier Dr.			10 18 2006		
	City	State	Zip Code	Transaction ID: 13305076		
	New Castle	IN	47362-2940	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Henry County Memorial Hospital Receipt For: Primary General Other (specify) ▼		n ancial Officer/Senior Vice Pr Year-to-Date ▼ 250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert J Heckert, , Jr.			Date of Receipt		
	Mailing Address 1210 Bedford Road	10 18 2006				
	City	State	Zip Code	Transaction ID: 13305077		
	Washington	IN	47501-2129	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Daviess Community Hospital		ecutive Officer			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Blake A Dye			Date of Receipt		
	Mailing Address 2805 W. Co. Rd. 250 S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13305078		
	New Castle	IN	47362	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Henry County Memorial Hospital Receipt For: Primary General Other (specify) ▼		and Chief Executive Officer Year-to-Date ▼ 250.00			
s	UBTOTAL of Receipts This Page (optional)			750.00		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 45 / 110
		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta	atomonte may	y not be sold or used by any perso	
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
American Hospital Association 1 Ao			
Full Name (Last, First, Middle Initial)			
A. Ms. Karen Haskins			Date of Receipt
Mailing Address Post Office Box 7340			M M / D D / Y Y Y Y
			10 13 2006
City	State	Zip Code	Transaction ID: 13305184
Bismarck	ND	58507-7340	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.			250.00
·			
Name of Employer North Dakota Healthcare	Occupation		
Association		sident, Member Services	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)			
Mr. Douglas G. Vang			Date of Receipt
Mailing Address 502 Harwoood Drive	Mailing Address 502 Harwoood Drive		
City	Ctata	Zin Codo	10 13 2006
City	State	Zip Code	Transaction ID: 13305188
<u>Fargo</u>	<u>ND</u>	58104-6276	Amount of Each Receipt this Period
FEC ID number of contributing	C		500.00
federal political committee.			
Name of Employer	Occupation	n	
MeritCare Health System		xecutive of Strategy Develop	me
Receipt For:		e Year-to-Date ▼	
Primary General			1
Other (specify) ▼		500.00	
			1
Full Name (Last, First, Middle Initial)			
Dr. Roger L Gilbertson, , M.D.			Date of Receipt
Mailing Address 720 Fourth Street North			M M / D D / Y Y Y Y
			10 18 2006
City	State	Zip Code	Transaction ID: 13305198
<u>Fargo</u>	ND	58122-4520	Amount of Each Receipt this Period
FEC ID number of contributing	С		500.00
federal political committee.			300.00
Name of Employer	Occupation	 n	┪
MeritCare Health System		 t and Chief Executive Officer	
Receipt For:	-	e Year-to-Date ▼	
Primary General	3334.0		1
Other (specify) ▼		500.00	
			1
SUBTOTAL of Receipts This Page (optional)			1250.00
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TOTAL This Period (last page this line number o	nlv))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 110
ITEMIZED RECEIPTS		or each category of the		(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. David Molmen			Date of Receipt
	Mailing Address 1000 South Columbia	Road		10 18 2006
	City	State	Zip Code	Transaction ID: 13305211
	Grand Forks	ND	58201-4032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Altru Health System	Occupation Chief Op	n erating Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼		230.00	
В.	Full Name (Last, First, Middle Initial) Mr. Arnold R. Thomas, Jr.			Date of Receipt
	Mailing Address 700 Mustang Drive			10 18 2006
	City	State	Zip Code	Transaction ID: 13305218
	Bismarck	ND	58503-8204	Amount of Each Receipt this Period
	Bismarck FEC ID number of contributing federal political committee.	C	58503-8204	
	FEC ID number of contributing federal political committee. Name of Employer North Dakota Healthcare		1	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	Occupation President	1	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer North Dakota Healthcare Association	Occupation President		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer North Dakota Healthcare Association Receipt For: Primary General	Occupation President	n i Year-to-Date ▼	Amount of Each Receipt this Period
C.	FEC ID number of contributing federal political committee. Name of Employer North Dakota Healthcare Association Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation President	n i Year-to-Date ▼	Amount of Each Receipt this Period 250.00
 C.	FEC ID number of contributing federal political committee. Name of Employer North Dakota Healthcare Association Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael V Sack	Occupation President	n i Year-to-Date ▼	Amount of Each Receipt this Period 250.00 Date of Receipt
c.	FEC ID number of contributing federal political committee. Name of Employer North Dakota Healthcare Association Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael V Sack Mailing Address 585 Lebanon Street	Occupation President Aggregate	Year-to-Date ▼ 250.00	Date of Receipt Date of Receipt 10 13 Amount of Each Receipt this Period 250.00
C.	FEC ID number of contributing federal political committee. Name of Employer North Dakota Healthcare Association Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Michael V Sack Mailing Address 585 Lebanon Street City	Occupation President Aggregate	Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer North Dakota Healthcare Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Michael V Sack Mailing Address 585 Lebanon Street City Melrose FEC ID number of contributing	Occupation President Aggregate State MA C	Zip Code 02176-3225	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	FEC ID number of contributing federal political committee. Name of Employer North Dakota Healthcare Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Michael V Sack Mailing Address 585 Lebanon Street City Melrose FEC ID number of contributing federal political committee. Name of Employer Hallmark Health System Receipt For:	Occupation President Aggregate State MA C Occupation President	Zip Code 02176-3225	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer North Dakota Healthcare Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Michael V Sack Mailing Address 585 Lebanon Street City Melrose FEC ID number of contributing federal political committee. Name of Employer Hallmark Health System Receipt For: Primary General	Occupation President Aggregate State MA C Occupation President	Zip Code 02176-3225 at and Chief Executive Office Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer North Dakota Healthcare Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Michael V Sack Mailing Address 585 Lebanon Street City Melrose FEC ID number of contributing federal political committee. Name of Employer Hallmark Health System Receipt For:	Occupation President Aggregate State MA C Occupation President	Zip Code 02176-3225	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer North Dakota Healthcare Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Michael V Sack Mailing Address 585 Lebanon Street City Melrose FEC ID number of contributing federal political committee. Name of Employer Hallmark Health System Receipt For: Primary General	C Occupation President Aggregate State MA C Occupation President Aggregate	Zip Code 02176-3225 and Chief Executive Office Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 47 / 110
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinally 1 age	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Frank Frazier			Date of Receipt
	Mailing Address 166 Quincy Shore Drive	9		10 13 2006
	City	State	Zip Code	Transaction ID: 13305224
	Quincy	MA	02171-2943	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HEALTHSOUTH Braintree Reh-	Occupation		
	abilitation H Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00]
— В.	Full Name (Last, First, Middle Initial) Mr. Randy Doherty			Date of Receipt
٥.	Mailing Address 250 Pond Street			M M / D D / Y Y Y Y
	Walling Address 250 Forth Street			10 13 2006
	City	State	Zip Code	Transaction ID: 13305225
	Braintree	MA	02184-5351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HEALTHSOUTH Braintree Reh-	Occupation		7
	abilitation H	Administ		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Peter Racicot			Date of Receipt
J .	Mailing Address 250 Pond Street			M M / D D / Y Y Y Y
	Walling Address 250 Forid Street			10 13 2006
	City	State	Zip Code	Transaction ID: 13305226
	Boston	MA	02130-2429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer HEALTHSOUTH Braintree Reh-	Occupation		
	abilitation H	Consulta		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	500.00	
	Curci (Specify) 🔻	0 0	0 0 0 0 0 0	1
。	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash	COLOTAL OF HOOGING THIS Laye (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	: PAGE 48/110
ıт	ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c 12
_				13 14	15 16 17
Ar	ny information copied from such Reports and Statemer for commercial purposes, other than using the name a	nts may and ado	r not be sold or used by any perso Iress of any political committee to	n for the purpose of soll solicit contributions fron	citing contributions a such committee.
	NAME OF COMMITTEE (In Full)		71		
$ \rangle$	American Hospital Association PAC				
	7 interiodi i ricopital ricocolation i ric				
_	Full Name (Last, First, Middle Initial)				
Α.	Ms. Sharon A. Gale, RN, MSN			Date of Receipt	
	Mailing Address 101 Cambridge Street			10 13	
	City St	ate	Zip Code		
	Burlington M		01803-3766	Transaction ID: 1	
		Α	01003-3700	Amount of Each F	eceipt this Period
	FEC ID number of contributing federal political committee.				250.00
	Toderal political continuece.				
	Name of Employer Massachusetts Organization	cupation	1		
	of Nurse Ex		Director		
		gregate	Year-to-Date ▼		
	Primary General		325.00		
	Other (specify) ▼	0 0			
_	Full Name (Last, First, Middle Initial)				
В.	Mr. David J Trull			Date of Receipt	
	Mailing Address 1153 Centre Sreet			_) / Y Y Y Y
				10 13	2006
	City	State Zip Code		Transaction ID: 1	3305228
	Boston M	IA	02130-3400	Amount of Each F	leceipt this Period
	FEC ID number of contributing federal political committee	Т.			250.00
	federal political committee.				200.00
	Name of Employer Occ	cupation	1	-	
	Faulkner Hoenifal		and Chief Executive Officer		
	· · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼		
	Primary General	1 1	050,00		
	Other (specify) ▼		250.00		
_	Full Name (Last, First, Middle Initial)			Data of Descipt	
C.	Ms. Nancy A. Crawford Mailing Address 1616 Lobdellavenue			Date of Receipt	
	Mailing Address 1616 Lobdellavenue			10 13	
	City St	ate	Zip Code	Transaction ID: 1	3305244
	Baton Rouge L	Ą	70806-8246	Amount of Each F	
	FEC ID number of contributing	-			050.00
	federal political committee.				250.00
	Name of Employee			_	
	Woman's Hospital	cupation o Proc	ı sident, Medical Staff Service:	.	
			Year-to-Date ∇		
	Primary General	grogato	Total to Date ¥		
	Other (specify)		250.00		
				'	
	1				• • • • • • •
s	UBTOTAL of Receipts This Page (optional)				750.00
\vdash			<u> </u>		• • • • • • •
т	OTAL This Period (last page this line number only)				

Any information copied from such Reports and Star or for commercial purposes, other than using the rown NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may name and add	Use separate schedule(s) or each category of the Detailed Summary Page not be sold or used by any persolress of any political committee to	(check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
Any information copied from such Reports and State or for commercial purposes, other than using the report NAME OF COMMITTEE (In Full)	atements may name and add	Detailed Summary Page	n for the purpose of soliciting contributions
or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	atements may lame and add	not be sold or used by any person	on for the purpose of soliciting contributions
or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	atements may	r not be sold or used by any perso fress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Hospital Association PAC			
/			
Full Name (Last, First, Middle Initial) Mr. John A. Dresser			Date of Receipt
Mailing Address One Kelly Lane			10 18 2006
City	State	Zip Code	Transaction ID: 13305257
Wayland	MA	01778-1034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Emerson Hospital	Occupation Vice Pres	n sident, Development	7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		250.00	1
Other (specify) ▼	0 0	230.00	
Full Name (Last, First, Middle Initial) Ms. Gail E. Allen			Date of Receipt
Mailing Address 28 Mill Road	10 18 2006		
City	State	Zip Code	Transaction ID: 13305258
Westborough	MA	01581-2902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Emerson Hospital	Occupation Director,	n Financial Planning	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	-	250.00	1
☐ Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Mr. Robert Kotsonis			Date of Receipt
Mailing Address 25 Highland Avenue			10 18 2006
City	State	Zip Code	Transaction ID: 13305259
Newburyport	MA	01950-3894	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Anna Jaques Hospital	Occupation Vice Pres	n sident, Finance	7
Receipt For:		Year-to-Date ▼	
Primary General	11.0		1 l
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number o	nlv)		

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 50 / 110			
			Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Guillinary Fage	13 14 15 16 17			
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or t	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)						
\rangle	American Hospital Association PAC						
_	Full Name (Last, First, Middle Initial) Mr. James Mullen			Date of Receipt			
	Mailing Address 270 Stepping Stone Drive	е		10 18 2006			
	City	State	Zip Code	Transaction ID: 13305260			
	Alpharetta	GA	30004-4007	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Heywood Hospital	Occupation	n sident, Patient Care Services				
	Receipt For:		Year-to-Date ▼				
	Primary General	199.195		1			
	Other (specify) ▼		250.00				
	Full Name (Last, First, Middle Initial) Dr. David M Barrett, , M.D.			Date of Receipt			
	Mailing Address 41 Mall Road	10 18 2006					
	City	State	Zip Code	Transaction ID: 13305261			
	Burlington	MA	01805-0001	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Lahey Clinic Hospital	Occupation Chief Exe	n ecutive Officer				
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General			1			
	Other (specify) ▼	0 0	1500.00				
_	Full Name (Last, First, Middle Initial) Ms. Michael Regunberg			Date of Receipt			
	Mailing Address Five New England Execu	tive Park		10 18 7 2006			
	City	State	Zip Code	Transaction ID: 13305262			
	Burlington	MA	01803-5010	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer Massachusetts Hospital As- sociation	Occupation Senior Vi	n ce President				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		050.00	1			
	Other (specify) ▼		250.00				
SI	SUBTOTAL of Receipts This Page (optional)						
т	OTAL This Period (last page this line number on	lv)					

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 51 / 110
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Garrinally Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the i	name and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
۹.	Dr. Richard Aubut			Date of Receipt
	Mailing Address 55 Fogg Road			M M / D D / Y Y Y Y
				10 18 2006
	City	State	Zip Code	Transaction ID: 13305263
	South Weymouth	MA	02190-2432	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer South Shore Hospital	Occupation	n	
	·		t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)			
	Full Name (Last, First, Middle Initial) Mr. Charles C Franz, , CHE			Date of Receipt
٠.	Mailing Address 4300 Bartlett Street			M M / D D / Y Y Y Y
	Walling Address 4500 Bartlett Street	10 13 2006		
	City	State	Zip Code	Transaction ID: 13305295
	Homer	AK	99603-7000	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	^	_
	South Peninsula Hospital		ecutive Officer	
	Receipt For:		e Year-to-Date ▼	-
	Primary General	33 -3		1
	Other (specify) ▼		250.00	
`	Full Name (Last, First, Middle Initial) Ms. Linda Smith			Date of Receipt
٠.	Mailing Address 1524 Creekside Lane			M M / D D / Y Y Y Y
	1024 Oreenside Laile			10 18 2006
	City	State	Zip Code	Transaction ID: 13309858
	Green Bay	WI	54311-7348	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	250.00
	federal political committee.	C		230.00
	Name of Employer	Occupation	n	\dashv
	Name of Employer Aurora BayCare Medical Ce- nter	CEO		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)	0 0	250.00	
				750.00
S	UBTOTAL of Receipts This Page (optional)		·····	730.00
_				
T	OTAL This Period (last page this line number of	nly)		

S	CHEDULE A (FEC Form 3X)		Llas congreto cobodulo(s)	FOR LINE NUMBER: PAGE 52 / 110
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Carl Brown			Date of Receipt
	Mailing Address 411 N. Front Street			10 13 2006
	City	State	Zip Code	Transaction ID: 13310796
	Wilmington	NC	28401-3910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer New Hanover Regional Medi- cal Center	Occupation Trustee	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Joseph W. Crossett			Date of Receipt
ъ.	Mailing Address 411 Glendale			M M / D D / Y Y Y Y
	Walling Address 411 Clendale		10 13 2006	
	City	State	Zip Code	Transaction ID: 13311002
	Liberty	MO	64068-2811	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Liberty Hospital	Occupation Administ		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		7
	Other (specify) ▼	0 0	400.00	
C.	Full Name (Last, First, Middle Initial) Ms. Nancy M. Fiedler			Date of Receipt
	Mailing Address 3619 Stansbury Mill Ro	ad		10 D D / Y Y Y Y Y Y 1 1 3 2 0 0 6
	City	State	Zip Code	Transaction ID: 13311887
	Phoenix	MD	21131-1730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Maryland Hospital Associa- tion	Occupation Sr. VP Co	n ommunications	
	1011		Year-to-Date ▼	
			000.00	1
	Other (specify) ▼	0 0	600.00	
s	UBTOTAL of Receipts This Page (optional)			1150.00
ř	1 -0- (-1)		'	
Ιт	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 110 (check only one) X 11a 11b 11c 12
An	ry information copied from such Reports and Star for commercial purposes, other than using the na	tements may	/ not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{3}{2}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC	ame and add	aress or any political committee to	Solicit contributions from Such committee.
Α.	Full Name (Last, First, Middle Initial) Ms. Catherine M. Crowley Mailing Address 2100 Poplar Ridge Road City Pasadena FEC ID number of contributing federal political committee. Name of Employer Maryland Hospital Associa-	State MD C Occupation		Date of Receipt M M J J J J J J J J J J J J J J J J J
	Receipt For: Primary General Other (specify)		t Vice President e Year-to-Date ▼ 600.00	
3.	Full Name (Last, First, Middle Initial) Ms. Beverly L. Miller Mailing Address 6820 Deerpath Road City	State	Zip Code	Date of Receipt 1 0 1 3 2 0 0 6 Transaction ID: 13311901
	Elkridge FEC ID number of contributing federal political committee.	MD C	21075-6234	Amount of Each Receipt this Period 600.00
	Name of Employer Maryland Hospital Association Receipt For: Primary General Other (specify) ▼	,	n Infessional Activities e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mr. James Cannon Mailing Address 12844 Military Road South				Date of Receipt 1 0 0 6 2 0 0 6
	City Tukwila	State WA	Zip Code 98168-3094	Transaction ID: 13314275 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Regional Hospital for Res- piratory and Receipt For: Primary General Other (specify) ▼		n ecutive Officer e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1450.00
T	OTAL This Period (last page this line number or	nlv)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 54 / 110
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Garrinally Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Elizabeth Gilje			Date of Receipt
	Mailing Address 400 Warren Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13314276
	Bremerton	WA	98337-1487	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer KPS Health Plans	Occupation President		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Stuart Hennessey			Date of Receipt
	Mailing Address 14432 SE Eastgate Way	/ Ste 300		M M / D D / Y Y Y Y
		10 06 2006		
	City	State	Zip Code	Transaction ID: 13314277
	Bellingham	WA	98007-6412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PeaceHealth	Occupation Senior Vi	n ice President Legal Services	al
	Receipt For:		e Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Ms. Judy Hodgson			Date of Receipt
	Mailing Address 2830 206th Terrace NE			M M / D D / Y Y Y Y
				10 06 2006
	City	State	Zip Code	Transaction ID: 13314279
	Sammamish	WA	98074-4369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer PeaceHealth	Occupation Sr. Vice I	n President, Organizational De	ev
	Receipt For:	1	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
_				-
_	OTAL This Period (last page this line number or	alv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 110
TEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
		, -	13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the name	ments may me and ado	not be sold or used by any perso Iress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			_
Full Name (Last, First, Middle Initial) A. Mr. Leo F. Greenawalt			Date of Receipt
Mailing Address 4423 E. Sequim Bay Road	d		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13315247
Sequim	WA	98382-9679	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Washington State Hospital	Occupation	1	╡
Association		and Chief Executive Officer	
	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) 3. Ms. Gail C Larson			Date of Receipt
Mailing Address P O Box 1147			10 06 YYYYY 10 2006
City	State	Zip Code	Transaction ID: 13315248
Everett	WA	98206-1147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Providence Everett Medical	Occupation		
Center		ecutive Officer Year-to-Date ▼	_
Primary General	Aggregate		
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) C. Ms. Janet Liang			Date of Receipt
Mailing Address 2700 152nd Avenue NE			M M / D D / Y Y Y Y
City	State	Zip Code	1 0 0 6 2 0 0 6 Transaction ID: 13315249
Redmond	WA	98052-5560	Amount of Each Receipt this Period
FEC ID number of contributing	С		500.00
federal political committee.	<u> </u>		300.00
Facteida Hocnifal and Sna-	Occupation		
cialty Center		ecutive Officer Year-to-Date	-
Primary General	Aggregate		
Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)		>	1500.00
TOTAL This Period (last page this line number only	/)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 56 / 110
	·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ common common, coge	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) A. Mr. Peter Morgan			Date of Receipt
	Mailing Address 2700 125nd Avenue No	ortheast		10 06 2006
	City	State	Zip Code	Transaction ID: 13315251
	Redmond	WA	98052	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Eastside Hospifal and Spe-	Occupation Chief Exe	n ecutive Officer	
	cialty Center Receipt For:		Year-to-Date ▼	
	Primary General	111		1
	Other (specify)		500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Andrea Nenzel			Date of Receipt
	Mailing Address 14432 SE Eastgate Wa	ay		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13315252
	Bellevue	WA	98007-6493	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	<u> </u>	_
	PeaceHealth	Administr		
	Receipt For:		Year-to-Date ▼	
	Primary General	7 1991 09410	Total to Bate V	1
	Other (specify) ▼	1	500.00	
	Full Name (Last, First, Middle Initial)			4
C.	Mr. Skip Kriz			Date of Receipt
	Mailing Address 2095 Lakeview Drive			10 06 2006
	City	State	Zip Code	Transaction ID: 13315817
	Eugene	OR	97408-7207	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		230.00
	Name of Employer PeaceHealth	Occupation Chief Fin	n ancial Officer	
	Receipt For:		Year-to-Date ▼	_
	Primary General		1 1 1 1 1 1 1 1 1	1
	Other (specify)		250.00	
	•			1
s	UBTOTAL of Receipts This Page (optional)			1250.00
\vdash				

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 57 / 110
			Use separate schedule(s)	(check only one)
ITI	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Any	r information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or f	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Date of Descript
	Mr. Gary V Peck Mailing Address P O Box 197			Date of Receipt
	Maining Address P O Box 197			10 06 2006
	City	State	Zip Code	Transaction ID: 13315899
	Chewelah	WA	99109-0197	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	0		
	Name of Employer St. Joseph's Hospital	Occupation		
	Receipt For:	Administ	Year-to-Date V	_
	Primary General	Aggregate	FICAL-10-Date V	1
	Other (specify) ▼	l	500.00	
	Full Name (Last, First, Middle Initial) Ms. Brenda Suiter			Date of Receipt
	Mailing Address 300 Elliott Avenue West			M M / D D / Y Y Y Y
	Suite 300			10 06 2006
	City	State	Zip Code	Transaction ID: 13315973
	Seattle	WA	98119-4198	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	า	_
	Name of Employer Washington State Hospital		Rural & Public Health Policy	,
	Association Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
	Mr. Scott E. Armstrong			Date of Receipt
	Mailing Address 3855 44th Avenue NE			10 06 2006
	City	State	Zip Code	Transaction ID: 13316043
	Seattle Seattle	WA	98105-5448	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		500.00
	Name of Employer Eastside Hospital and Spe-	Occupation	 1	┪
	Eastside Hospital and Specialty Center		Vice President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
sı	JBTOTAL of Receipts This Page (optional)			1000.00
TC	OTAL This Period (last page this line number or	nly)	>	

S	SCHEDULE A (FEC Form 3X) Use separate schedule(s)			FOR LINE NUMBER:	PAGE 58 / 110
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	, —
II LIMIZED NEGEIF 13			Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persor	n for the purpose of solicit	ng contributions
Oi		Solicit contributions from s	uch committee.		
	NAME OF COMMITTEE (In Full)				
1/	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial)			1	
Α.	Mr. Randy Revelle			Date of Receipt	
	Mailing Address 2809 39th Avenue Wes	t		M M / D D	/ Y
		•		10 06	2006
	City	State	Zip Code	Transaction ID: 133	316120
	Seattle	WA	98119-4198	Amount of Each Rec	eipt this Period
	FEC ID number of contributing				500.00
	federal political committee.	C			500.00
		10 "		4	
	Name of Employer Washington State Hospital	Occupation			
	Association		sident, Policy & Public Affair	-	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	500.00		
	Cirici (Specify)	0 0			
_	Full Name (Last, First, Middle Initial)				
В.	Mr. Gregory C. Van Pelt			Date of Receipt	
	Mailing Address PO Box 389672			M M / D D	/ Y " Y " Y " Y
				10 06	2006
	City	State	Zip Code	Transaction ID: 133	316206
	<u>Seattle</u>	WA	98138-9672	Amount of Each Red	eipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.	0			
	Name of Employer Providence Health & Servi-	Occupation	า	1	
	Providence Health & Services	Sr. VP &	Chief Regional Operations O	off	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼		500.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. J. Michael Horsley			Date of Receipt	
	Mailing Address 8107 Henslow Court			1 0 1 0	2006
	City	State	Zip Code	Transaction ID: 13	317708
	Montgomery	AL	36117-7475	Amount of Each Red	
	FEC ID number of contributing				1000.00
federal political committee.		C			1000.00
		Occupation			
	Alabama Hacaifal Accasiat		and Chief Executive Officer		
ion			Year-to-Date V	_	
Receipt For: Primary General Other (specify)			: Teal-10-Date ▼		
			1000.00		
Carol (specify)					
	l				
s	UBTOTAL of Receipts This Page (optional)		.		2000.00
\vdash					
T	OTAL This Period (last page this line number o	nly)	>	L	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 59 / 110
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Linda U Jordan			Date of Receipt
	Mailing Address P O Box 1270			10 10 2006
	City	State	Zip Code	Transaction ID: 13317710
	Ashland	AL	36251-1270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Clay County Hospital	Occupation Administr		
	Receipt For:	1	e Year-to-Date ▼	
	Primary General	7.99.094.0	1 1 1 1 1 1 1 1	1
	Other (specify)	l	500.00	
				1
3.	Full Name (Last, First, Middle Initial) Mr. Jeffrey M Brannon			Date of Receipt
	Mailing Address 400 North Edwards Stre	M M / D D / Y Y Y Y		
				10 10 2006
	City	State	Zip Code	Transaction ID: 13317713
	Enterprise	AL	36330-2510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	n	
	Medical Center Enterprise		ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0		
Э.	Full Name (Last, First, Middle Initial) Ms. C.A. Faulkner			Date of Receipt
	Mailing Address 1533 Eden View Circle			10 10 2006
	City	State	Zip Code	Transaction ID: 13317715
	Hoover	AL	35244-4118	Amount of Each Receipt this Period
	FEC ID number of contributing			450.00
	federal political committee.	C		430.00
	Name of Employer Baptist Princeton	Occupation		1
	<u> </u>	President		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	450.00	
	Calc. (openij) 🔻		0 0 0 0 0 0 0	1
S	UBTOTAL of Receipts This Page (optional)			1450.00
	CET CT TO COURSE THIS T age (optional)			
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 110
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and St	atements may	not be sold or used by any perso	, , , , , , , , , , , , , , , , , , ,
or	for commercial purposes, other than using the	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Mr. Ronald S Owen			Date of Receipt
	Mailing Address P O Box 6987			10 10 2006
	City		Zip Code	Transaction ID: 13317717
	<u>Dothan</u> AL		36302-6987	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Southeast Alabama Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Gene Taylor			Date of Receipt
	Mailing Address 701 Princeton Avenue S	SW		10 10 2006
	City	State	Zip Code	Transaction ID: 13317719
	Birmingham	AL	35211-1305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Baptist Princeton	Occupation	n ancial Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		300.00	
c.	Full Name (Last, First, Middle Initial) Regina Yarbrough			Date of Receipt
	Mailing Address 3201 4th Avenue South	1		10 10 2006
	City	State	Zip Code	Transaction ID: 13317721
	Birmingham	AL	35222-1723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		С		300.00
	Name of Employer Baptist Health System	Occupation Chief Nur	n rsing Officer	
	Primary General		e Year-to-Date ▼	
			300.00	1
	Other (specify) ▼		000.00	
s	UBTOTAL of Receipts This Page (optional)			900.00
\vdash				
T	OTAL This Period (last page this line number of	only)		

COUEDING A (FEO Form OV)				FOR LINE NUMBER: PAGE 61 / 110
5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and St.	otomonte may	y not be cold or used by any person	
or	for commercial purposes, other than using the	name and add	from the sold of dised by any personal stress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	American Hospital Association 1 Ao			
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Ms. Elizabeth Postlethwait			Date of Receipt
	Mailing Address 4312 Fair Oaks Drive			M M / D D / Y Y Y Y
				10 10 2006
	City	State	Zip Code	Transaction ID: 13317724
	Birmingham	AL	35213-3306	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		300.00
				_
	Name of Employer Baptist Princeton	Occupation		
			erating Officer	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00] [
	Other (specify)	1 1		J
R	Full Name (Last, First, Middle Initial) Ms. Ellen C Briley			Date of Receipt
υ.	<u> </u>			M M / D D / Y Y Y Y
	Mailing Address 987 Drayton Street	10 10 2006		
	City	State	Zip Code	Transaction ID: 13317725
	Elba	AL	36323-1494	Amount of Each Receipt this Period
		7 (=	00020 1101	Amount of Each recorpt this remod
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Elba General Hospital	Occupation		
	Liba Gerierai i iospitai	Administ	rator and Chief Executive Of	<u>ifi</u>
	Receipt For:	Aggregate	Year-to-Date	
	Primary General	1	250.00	11
	Other (specify) ▼		230.00	
_	Full Name (Last, First, Middle Initial) Mr. Douglas P Cropper			Date of Receipt
Ċ.	Mailing Address 3300 Gallows Road			M M / D D / Y Y Y Y
	Maining Address 3300 Gallows Road			10 06 2006
	City	State	Zip Code	Transaction ID: 13323887
	Falls Church	VA	22042-3307	Amount of Each Receipt this Period
	FEC ID number of contributing		0 0 0 0	
	federal political committee.	C		250.00
	Name of Employer Inova Fairfax Hospital	Occupation		
	·	Administ		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, ,	250.00	1
	Other (specify)		200.00	1
_				
				800.00
S	UBTOTAL of Receipts This Page (optional)			000.00
				-

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 62 / 110	
-			Use separate schedule(s) or each category of the	(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\angle	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. Les Abernathy			Date of Receipt	
	Mailing Address 1001 Sam Perry Boulev	/ard		10 06 7 2006	
	City	State	Zip Code	Transaction ID: 13323888	
	Fredericksburg	VA	22401-3354	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Mary Washington Hospital	Occupation Executive	n e Vice President, Corporate S	Ge Ge	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	0 0	250.00		
В.	Full Name (Last, First, Middle Initial) Dr. Rodney F Hochman, , M.D.			Date of Receipt	
	Mailing Address 6015 Poplar Hall Drive Ste. 300			10 06 2006	
	City	State	Zip Code	Transaction ID: 13323891	
	Norfolk	VA	23502-3819	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Sentara Norfolk General	Occupation Senior Vi	n ce President, Administrator		
	Hospital Receipt For:	_	Year-to-Date ▼	<u>~</u>	
	Primary General	1.999			
	Other (specify) ▼		250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Patrick Walters			Date of Receipt	
	Mailing Address 8321 Private Lane			10 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 13323892	
	Annandale	VA	22003-4473	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Inova Loudoun Hospital	Occupation Senior Vi	n ce President		
	Receipt For:	Aggregate	Year-to-Date ▼	1	
	Primary General		050.00		
	Other (specify)		250.00		
				750.00	
S	UBTOTAL of Receipts This Page (optional)		······	730.00	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 63 / 110	
•		Use separate schedule(s) or each category of the		(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Dotailed Carrinary Fage	13 14 15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Dewey R. Pittman			Date of Receipt	
	Mailing Address 12207 McClain Street			10 06 2006	
	City	State	Zip Code	Transaction ID: 13323895	
	Fredericksburg	VA	22407-6660	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Mary Washington Hospital	Occupation Vice Pres		7	
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼	1	250.00		
В.	Full Name (Last, First, Middle Initial) Mr. Rodney Huebbers			Date of Receipt	
	Mailing Address 17646 Stonegait Court			M M / D D / Y Y Y Y	
	City	State	Zip Code	10 06 2006	
	Round Hill	VA	•	Transaction ID: 13323897	
		VA	20141-2264	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation	1		
	Inova Loudoùn Hospital	President	& Chief Executive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)		250.00		
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt	
٥.	Mr. Robert Vaughan Mailing Address 1839 Mt. Vernon Road			M M / D D / Y Y Y Y	
	Walling Address 1009 Mil. Vernori Hoad			10 06 2006	
	City	State	Zip Code	Transaction ID: 13323898	
	Roanoke	VA	24015-2906	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	C		230.00	
	Name of Employer Carilion Health System	Occupation VP Finan	ce		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)		250.00		
_					
				750.00	
S	UBTOTAL of Receipts This Page (optional))	730.00	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 110
	EMIZED RECEIPTS		or each category of the	(check only one)
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or f	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Grace Hines			Date of Receipt
	Mailing Address 170 Spoon Court			10 06 7 2006
	City	State	Zip Code	Transaction ID: 13323899
	Yorktown	VA	23693-5591	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sentara Healthcare	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	230.00	
3.	Full Name (Last, First, Middle Initial) Mr. Briggs W Andrews			Date of Receipt
	Mailing Address P O Box 13367			10 06 7 2006
	City	State	Zip Code	Transaction ID: 13323900
	Roanoke	VA	24033-3367	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carilion Health System	Occupation Senior Vi	n ce President Legal Services	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	8 8 8 8 8 8	
	Full Name (Last, First, Middle Initial) Mr. Wallace Nelson			Date of Receipt
	Mailing Address 515 Stonewall Street			10 06 7 2006
	City	State	Zip Code	Transaction ID: 13323902
	Salem	VA	24153-2810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Twin County Regional Hosp- ital	Occupation Trustee	1	
	Receipt For:	1	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00
TO	OTAL This Period (last page this line number or	ılv)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Charles Black, , Jr.			Date of Receipt
	Mailing Address P O Box 1310			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13324121
	Mount Vernon	KY	40456-1310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rockcastle Hospital and Respiratory Ca	Occupation Chief Fin	n ancial Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Milton Brooks, , III			Date of Receipt
	Mailing Address Post Office Box 591			10 13 7 2006
	City	State	Zip Code	Transaction ID: 13324123
	Pineville	KY	40977-0591	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Pineville Community Hospi- tal Associati	Occupation CEO	1	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		500.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Stephen A Estes			Date of Receipt
	Mailing Address P O Box 1310			10 13 2006
	City	State	Zip Code	Transaction ID: 13324127
	Mount Vernon	KY	40456-1310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Rockcastle Hospital and	Occupation		
	Respiratory Ca		ecutive Officer	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
-	OTAL This Period (last nage this line number of	nnly)		

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 66 / 110
	` '	Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ cames camma, , age	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Mark M Gordon			Date of Receipt
	Mailing Address P O Box 789			10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13324129
	Ashland	KY	41105-0789	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Our Lady of Bellefonte Ho- spital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General		250,00	
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. David L Gray			Date of Receipt
	Mailing Address 913 North Dixie Avenue)		M M / D D / Y Y Y Y
				10 13 2006
	City	State	Zip Code	Transaction ID: 13324130
	Elizabethtown	KY	42701-2599	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
		10		
	Name of Employer Hardin Memorial Hospital	Occupation		
	· .	President		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	500.00	
	Other (specify)		0 0 0 0 0 0 0	
— С.	Full Name (Last, First, Middle Initial) Mr. Carl G Herde			Date of Receipt
٠.	Mailing Address 4007 Kresge Way			M M / D D / Y Y Y Y
	4007 Ricage Way			10 13 2006
	City	State	Zip Code	Transaction ID: 13324131
	Louisville	KY	40207-4677	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer Baptist Healthcare System	Occupation		
			sident and Chief Financial Of	<u>f</u>
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		200.00	
_				
				1000.00
S	UBTOTAL of Receipts This Page (optional)	·····	······································	1000.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 67/110
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b	☐ 11c ☐ 12
			Detailed Summary Page	13 14	15 16 17
Ar	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	on for the purpose of solic	citing contributions
\	NAME OF COMMITTEE (In Full)	ine and add	areas or arry pointed committee to	Solicit Contributions from	1 3doir committee.
\rangle	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Robert J Hudson			Date of Receipt	
	Mailing Address P O Box 1600				3 2006
	City	State	Zip Code	Transaction ID: 1	3324132
	Richmond	KY	40476-2603	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Pattie A. Clay Regional Medical Center	Occupation President	n t and Chief Executive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼	_	
	Primary General Other (specify) ▼		250.00		
В.	Full Name (Last, First, Middle Initial) Mr. Keith Inman			Date of Receipt	
	Mailing Address 3227 Trail Ridge Road			1 0 1 3	
	City	State	Zip Code	Transaction ID: 1	3324133
	Louisville	KY	40241-6405	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Jewish Hospital	Occupation Vice Pres			
	Receipt For:		Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0	200.00		
C.	Full Name (Last, First, Middle Initial) Mr. Dwayne Moss			Date of Receipt	
	Mailing Address 1301 North Race Street			1 0 1 3	
	City	State	Zip Code	Transaction ID: 1	3324142
	Glasgow	KY	42141-3483	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer T. J. Samson Community Ho-	Occupation			
	spital Receipt For:		ecutive Officer Year-to-Date ▼		
	Primary General	Aggregate	: rear-to-Date V	1	
	Other (specify) ▼	0 0	500.00		
s	UBTOTAL of Receipts This Page (optional)				1000.00
Т	OTAL This Period (last page this line number onl				

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 68 / 110	
-		Use separate schedule(s) or each category of the		(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Dotailed Carrinally Lage	13 14 15 16 17	
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Tommy J Smith			Date of Receipt	
	Mailing Address 4007 Kresge Way			10 13 2006	
	City	State	Zip Code	Transaction ID: 13324153	
	Louisville	KY	40207-4677	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		500.00	
	Name of Employer Baptist Healthcare System	Occupation President	n t and Chief Executive Office	,	
	Receipt For:		e Year-to-Date ▼		
	Primary General		500,00	1	
	Other (specify) ▼		500.00		
В.	Full Name (Last, First, Middle Initial) Mr. Gary L Brewer			Date of Receipt	
	Mailing Address P O Box 1970			10 06 2006	
	City	State	Zip Code	Transaction ID: 13324344	
	Glenwood Springs	CO	81602-1970	Amount of Each Receipt this Period	
	FEC ID number of contributing			050.00	
	federal political committee.	C		250.00	
	Name of Employer	Occupation	n		
	Valley View Hośpital	Chief Exe	ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1 1	050.00	1	
	Other (specify)	0 0	250.00		
_	Full Name (Last, First, Middle Initial)			D. (D.)	
Ċ.	Mr. Peter D. Freytag			Date of Receipt	
	Mailing Address 151 West Oak Hills Driv	⁄e		10 06 2006	
	City	State	Zip Code	Transaction ID: 13324358	
	Castle Rock	CO	80108-9260	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	С		250.00	
	Name of Employer Colorado Hospital Associa-	Occupation			
	tion		sident and COO		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)			J.	
_				1000.00	
Ls	UBTOTAL of Receipts This Page (optional)		······	1000100	
1					

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(a)	FOR LINE NUMBER: PAGE 69 / 110
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perse dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Marty Arizumi			Date of Receipt
	Mailing Address 7335 East Orchard Roa #100	ad		10 06 2006
	City	State	Zip Code	Transaction ID: 13324359
	Englewood	CO	80111-2582	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Colorado Hospital Associa- tion	Occupation Policy Ar		
	Receipt For:		e Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial)			Data of Bassint
Ь.	Mr. Jeffrey D Selberg Mailing Address 2420 West 26th Ave, S	to 100 D		Date of Receipt
	Walling Address 2420 West 20th Ave, 5	te 100-D		10 06 2006
	City	State	Zip Code	Transaction ID: 13324368
	Denver	CO	80211-5302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Exempla Healthcare, Inc.	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	230.00	
C.	Full Name (Last, First, Middle Initial) Ms. Cynthia Duncan			Date of Receipt
	Mailing Address 1115 East Jasmine			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13358999
	Frederick	OK	73542-4020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Hospital and Phy-	Occupation		
	sician Group		Human Resources	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0		1
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number of	nnlv)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 70 / 110
· ·			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 otaliou Guillina, i ago	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Christopher Howard			Date of Receipt
	Mailing Address PO Box 205			10 16 2006
	City	State	Zip Code	Transaction ID: 13359003
	Oklahoma City	OK	73101-0205	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer SSM Health Care of Oklaho-	Occupation President		
	ma Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify)		500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Jeffrey A. Johnston			Date of Receipt
	Mailing Address 1011 14th Street North	west		M M / D D / Y Y Y Y
				10 16 2006
	City	State	Zip Code	Transaction ID: 13359004
	Ardmore	OK	73401-1828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer	Occupation	า	
	Name of Employer Mercy Memorial Health Cen-		Administrator	
	ter Receipt For:	<u>'</u>	Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			
C.	Ms. Linda Jones			Date of Receipt
	Mailing Address 122 North 12th Street			10 16 2006
	City	State	Zip Code	Transaction ID: 13359005
	Frederick	OK	73542-5629	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	С		250.00
	Name of Employer Memorial Hospital and Phy-	Occupation		
	sician Group		Administrator	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		200.00	1
				1125.00
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	1120.00
1				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 / 110
ΙT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Randall K Segler			Date of Receipt
	Mailing Address P O Box 129			10 16 2006
	City	State OK	Zip Code	Transaction ID: 13359010
	Lawton	UK	73502-0129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Comanche County Memorial Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Bobby G Thompson			Date of Receipt
	Mailing Address 1011 14th Street NW			10 16 YYYYY 2006
	City	State	Zip Code	Transaction ID: 13359011
	Ardmore	OK	73401-1828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercy Memorial Health Cen- ter	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Gloria Thurman			Date of Receipt
	Mailing Address 319 East Josephine			10 16 2006
	City	State	Zip Code	Transaction ID: 13359012
	Frederick	OK	73542-2220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Hospital and Phy-	Occupation		
	sician Group Receipt For:	Administ	rator e Year-to-Date ▼	_
	Primary General	Aggregate		1
	Other (specify) ▼	0 0	250.00	
S	UBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 110
IT	EMIZED RECEIPTS	or each category of the	(check only one)
••		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Statements m	nay not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name and a	address of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Katie Vaughan		Date of Receipt
	Mailing Address 506 A East Howell Avenue		M " M / D " D / Y " Y " Y " Y
	City State	Zip Code	Transaction ID: PR1034595117721
	Alexandria VA	22301	Amount of Each Receipt this Period
	EFO ID work and Constitution	22001	
	FEC ID number of contributing federal political committee.		20.00
	Name of Employer American Hospital Associa-	tion	7
	tion-Washingt ASSOCIA	ate Director	
		ate Year-to-Date ▼	
	Primary General	420.00	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	420.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		M M / D D / Y Y Y Y
	City State	Zip Code	Transaction ID: PR1045726217721
	Washington DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer Occupat	tion	-
	American Henrital Accord	Chief Washington Counsel	
	tion washingt	ate Year-to-Date ▼	7
	Primary General		P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	840.00	Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		M M / D D / Y Y Y Y
	City State	Zip Code	Transaction ID: PR1113464217721
	Washington DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		10.00
	Name of Employer American Hospital Associa- Occupat		
	tion-Washingt Section	Director	
		ate Year-to-Date ▼	
	Primary General	210.00	P/R Deduction (\$10.00 Bi- Weekly)
	Other (specify) ▼	0 0 0 0 0 0 0	Veekly)
s	SUBTOTAL of Receipts This Page (optional)		70.00
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T	OTAL This Period (last page this line number only)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	Check only one
Δ.	information and format Broad and Oldson		, ,	13 14 15 16 17
or	ny information copied from such Reports and Statem for commercial purposes, other than using the name	ents may e and add	not be sold or used by any persol dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Sohini Jindal			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1125613617721
	•	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			20.00
	American Hospital Associa- tion-Washingt		ssociate Director	
	Receipt For: Primary General Other (specify) ▼	ggregate	e Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt
	Mailing Address 107 East Lane	M M / D D / Y Y Y Y		
		State	Zip Code	Transaction ID: PR327727317721
		<u>IL</u>	60010-1939	Amount of Each Receipt this Period
	- Sacrai political committee.	C ,		40.00
	Amorican Hácnital Accocia	ccupationice Pres	n sident, PMGs	
		ggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		840.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner			Date of Receipt
	Mailing Address 11004 Petersborough			M M / D D / Y Y Y Y
		State	Zip Code	Transaction ID: PR327745917721
	Rockville	<u>MD</u>	20852-3249	Amount of Each Receipt this Period
	Todoral political committee.			40.00
	American Hospital Associa- tion-Washingt		n Grassroots Advocacy e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	840.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		·····	100.00
Т	OTAL This Period (last page this line number only)		>	

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 74 / 110
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327777217721
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	·	Occupation	1	
	Name of Employer American Hospital Associa- tion-Chicago	Director.	Long-Term Care	
	Receipt For:		e Year-to-Date ▼	
	Primary General		1 1 1 1 1 1	P/R Deduction (\$10.00 Bi-
	Other (specify) ▼		210.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock			Date of Receipt
	Mailing Address One North Franklin			M ' M / D ' D / Y ' Y ' Y '
	City	State	Zip Code	Transaction ID: PR327777817721
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	_		30000 0 100	Amount of Each receipt this remod
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago		sident, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		210.00	P/R Deduction (\$10.00 Bi-
	Other (specify)	0 0	210.00	Weekly)
С.	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele			Date of Receipt
	Mailing Address 1003 Kimberly Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327801717721
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing			20,00
	federal political committee.	C		20.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		420.00	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		0 0 0 0 0 0	Weekly)
S	UBTOTAL of Receipts This Page (optional)			40.00
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T	OTAL This Period (last page this line number o	niy)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 75 / 110
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327812017721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Organization of	Occupation	n e Director	7
	Nurse Executi Receipt For:			_
	Primary General	Aggregate	e Year-to-Date ▼	D/D D
	Other (specify)		420.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NW Apt. 1008	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327851917721
	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa-	Occupation	n Policy Development	
	tion-Washingt Receipt For:		Year-to-Date ▼	-
	Primary General	Aggregate	, Teal to Bate V	P/P Doduction (\$20.00 Pi
	Other (specify) ▼		420.00	P/R Deduction (\$20.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858017721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	American Hospital Associa- tion-Washingt	Executive	e Director, AHAPAC	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	040.00	P/R Deduction (\$40.00 Bi-
	Other (specify)	0 0	840.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			80.00
_	OTAL This Davied (lost need this line number of	also)		
- 1	OTAL This Period (last page this line number or	пу)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 76 / 110
	EMIZED RECEIPTS		or each category of the	(check only one)
	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
^ -	information and the month Barrata and Ob			13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327877817721
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		874.86	P/R Deduction (\$41.66 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327942117721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		840.00	P/R Deduction (\$40.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Mr. James Henderson			Date of Receipt
	Mailing Address One North Franklin Stree	et		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328094117721
	Chicago	<u>IL</u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation VP, Corp	n orate Counsel	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	210.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			91.66
_				
T	OTAL This Period (last page this line number or	าเy)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 77 / 110
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	arrie ariu auc	diess of any political committee to	Solicit Contributions from Such Committee.
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 South 7th Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328136917721
	<u>La Grange</u>	IL	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice I	n President, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		840.00	P/R Deduction (\$40.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
	Mailing Address 5545 N. Wayne			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328223817721
	Chicago	IL	60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	P/R Deduction (\$20.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224817721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Regional	n Executive	
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify) ▼		840.00	P/R Deduction (\$40.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			100.00
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 / 110
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
Δη	y information copied from such Reports and Si	tatamente mai	rnot he cold or used by any ners	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224917721
	Silver Spring	<u>MD</u>	20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice I		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		840.00	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	0 0	840.00	Weekly)
В.				Date of Receipt
	Mailing Address 1093 N. Faldo Way			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328241417721
	Eagle	<u>ID</u>	83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		27.78
	Name of Employer American Hospital Associa-	Occupation	า	
	tion-Chicago		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		361.14	P/R Deduction (\$27.78 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328260917721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa-	Occupation	ı	
	tion-Washingt	Executive	e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1680.00	P/R Deduction (\$80.00 Bi- Weekly)
٩	UBTOTAL of Receipts This Page (optional)			147.78
\vdash	ODI OTAL OF HOOGIPES THIS I age (optional)			
T	OTAL This Period (last page this line number	only)		

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 79 / 110			
			Use separate schedule(s) or each category of the	(check only one)			
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Carrinary Fage	13 14 15 16 17			
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or 1	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.			
\	NAME OF COMMITTEE (In Full)						
/	American Hospital Association PAC						
	Full Name (Last, First, Middle Initial)						
۹.	Mr. Richard H. Wade			Date of Receipt			
	Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR328310417721			
	Arnold	MD	21012-2126	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		40.00			
	Name of Employer American Hospital Associa-	Occupation	1	7			
	tion-Washingt		President, Communications				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		840.00	P/R Deduction (\$40.00 Bi- Weekly)			
	Other (specify)	0 0		(Veekly)			
	Full Name (Last, First, Middle Initial)						
	Mr. Stephen M. Ahnen			Date of Receipt			
	Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR328312717721			
	Arlington	VA	22205-1629	Amount of Each Receipt this Period			
	FEC ID number of contributing			40.00			
	federal political committee.	C		40.00			
	Name of Employer	Occupation	1	\dashv			
	Name of Employer American Hospital Associa- tion-Washingt		ce President				
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General		040.00	P/R Deduction (\$40.00 Bi-			
	Other (specify) ▼		840.00	Weekly)			
	Full Name (Last, First, Middle Initial)						
Э.	Ms. Lori M. Schor			Date of Receipt			
	Mailing Address 325 Seventh Street, NW	,		M " M / D " D / Y " Y " Y " Y			
	Suite 700 City	State	Zip Code	Transaction ID: PR328341817721			
	Washington	DC	20004-2818	Amount of Each Receipt this Period			
	•		20004 2010	Amount of Each neceipt this renou			
	FEC ID number of contributing federal political committee.	C		40.00			
		1-					
	Name of Employer American Hospital Associa-	Occupation					
	tion-Washingt Receipt For:	· · · · · ·	Political Action & Grassroot Year-to-Date ▼	_			
	Primary General	Aggregate	Teal-to-Date V	D/D Doduction (\$40.00 Bi			
	Other (specify)		840.00	P/R Deduction (\$40.00 Bi- Weekly)			
	100.00						
	SUBTOTAL of Receipts This Page (optional)						
SI	JBTOTAL of Receipts This Page (optional)			120.00			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 / 110
ITEMIZED RECEIPTS			or each category of the	(check only one)
	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persor dress of any political committee to s	of the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511817721
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		47.60
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Chicago		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		723.60	P/R Deduction (\$47.60 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 909 N. Madison St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328512017721
	Arlington	VA	22205-1655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt	1	sident, Media Relations	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D
	Other (specify) ▼		420.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial)			Balant Bandat
٠.	Ms. Rebecca Chickey Mailing Address AHA			Date of Receipt
	Mailing Address AHA One North Franklin Stre	et		M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR329013417721
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	С		20.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago	1	Psychiatric and Substance A	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		420.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		>	87.60
T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 81 / 110
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
	Mailing Address 1905 Christopher Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329071317721
	Harrisburg	PA	17110-3573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Center for Healthcare Gov- ernance	Occupation Presiden	n t and COO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	720.00	P/R Deduction (\$60.00 Bi-
	Other (specify) ▼	0 0	720.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Boulevard	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR329215717721
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago	,	Executive	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 1' (0.40 00 D'
	Other (specify) ▼		840.00	P/R Deduction (\$40.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Mr. John Evans			Date of Receipt
	Mailing Address One North Franklin Stre	et		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329342617721
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation CFO	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		210.00	P/R Deduction (\$10.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			110.00
			·	
T	OTAL This Period (last page this line number or	nly)		

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 110
ITEMIZED RECEIPTS			or each category of the	(check only one)
	IMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	to form of the control of form on the Donnate and Oto			13 14 15 16 17
Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
1	NAME OF COMMITTEE (In Full)			
<i>)</i>	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris			Date of Receipt
1	Mailing Address 1136 W. Farwel Unit 1W			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329654217721
_	Chicago	IL	60626-3861	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		10.00
1	Name of Employer American Hospital Associa-	Occupation	n e Director, ASDVS	
	tion-Chicago . Receipt For:		e Year-to-Date ▼	_
	Primary General	33 - 3		P/R Deduction (\$10.00 Bi-
	Other (specify) ▼	0 0	210.00	Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Tama Mattocks			Date of Receipt
1	Mailing Address 325 Seventh Street, NW Liberty Place, Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330273417721
_	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	С		20.00
1	Name of Employer American Hospital Associa-	Occupation		
1	tion-Washingt		ssociate Director	
ŀ	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D
	Other (specify)		420.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman			Date of Receipt
-	Mailing Address One North Franklin			M M / D D / Y Y Y Y
_				
	City	State	Zip Code	Transaction ID: PR330343317721
_	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		10.00
1	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Chicago	Executive	e Services Director	
F	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$10.00 Bi- Weekly)
SU	BTOTAL of Receipts This Page (optional)			40.00
то	TAL This Period (last page this line number or	nly)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 110
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta	itements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or f	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
	Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330475417721
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing	С		40.00
	federal political committee.	0		
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Chicago		Executive	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D
	Other (specify)		840.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Data of Descipt
	Mailing Address 6109 North 9th Road			Date of Receipt
	City	State	Zip Code	Transaction ID: PR330534317721
	Arlington	VA	22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	<u> </u>	I a		_
	Name of Employer American Hospital Associa-	Occupation	n ciate Director	
	tion-Washingt Receipt For:		e Year-to-Date ▼	_
	Primary General			P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		420.00	Weekly)
	Full Name (Last, First, Middle Initial)			
	Mr. Gene O'Dell			Date of Receipt
	Mailing Address 530 North Lakeshore Dr	rive		M M / D D / Y Y Y Y
	Unit 2303 City	State	Zip Code	Transaction ID: PR330547717721
	Chicago	IL	60611-7424	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		20.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Chicago		sident, Strategic Planning	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	420.00	P/R Deduction (\$20.00 Bi- Weekly)
		0 0	0 0 0 0 0 0 0 0	
				80.00
SI	JBTOTAL of Receipts This Page (optional)		<u> </u>	30.00
TC	OTAL This Period (last page this line number or	nly)	>	

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 84 / 110
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330549217721
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n Sident, Member Relations	
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼		420.00	P/R Deduction (\$20.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR330776117721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.74
	Name of Employer American Hospital Associa-	Occupation	า	7
	tion-Washingt	· · · · · ·	ocacy & Member Communic	cations
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		391.32	P/R Deduction (\$21.74 Bi- Weekly)
•	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush			Date of Receipt
	Mailing Address 2303 Burke Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331304217721
	Alexandria	VA	22301-1101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Hospital Associa-	Occupation	า	7
	tion-Washingt		ocacy & Communications	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	210.00	P/R Deduction (\$10.00 Bi- Weekly)
sı	JBTOTAL of Receipts This Page (optional)			51.74
	. 5 . , , , , , , , , , , , , , , , , ,			
T	OTAL This Period (last page this line number or	nly))	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 85 / 110
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71	
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331386917721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer American Hospital Associa-	Occupation Senior As	n ssociate Director	
	tion-Washingt Receipt For:	1	e Year-to-Date ▼	-
	Primary General			P/R Deduction (\$10.00 Bi-
	Other (specify)	0 0	210.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt
	Mailing Address PO Box 15587			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331416017721
	Austin	TX	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer American Hospital Associa-	Occupation		7
	tion		jional Executive for TX	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		874.86	P/R Deduction (\$41.66 Bi- Weekly)
— D.	Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt
	Mailing Address 521 Great Falls Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331533217721
	Falls Church	VA	22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Washingt Pageint For:		sident, Policy e Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	e real-lo-Dale V	D/D Dodustion (\$40.00 Di
	Other (specify)	0 0	820.00	P/R Deduction (\$40.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			91.66
_	p (-p			
T	OTAL This Period (last page this line number or	nly))	

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 86 / 110
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and State	ements may	not be sold or used by any person	for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to s	olicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
۹.	Ms. Elizabeth Summy			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR346168117721
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing			10.11
	federal political committee.	C		10.41
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago		Director, ASHRM	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	218.61	P/R Deduction (\$10.41 Bi- Weekly)
	Other (specify) ▼	0 0		vveekiy)
_	Full Name (Last, First, Middle Initial)			5. (5
3.	Ms. Kristin Welsh			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR517619717721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		20.00
	Name of Caralagas	0		
	Name of Employer American Hospital Associa-	Occupation	ciate Director	
	tion-Washingt Receipt For:		Year-to-Date V	
	Primary General	Aggregate	: Teal-to-Date V	D/D Dadwation (\$00.00 Di
	Other (specify)	' '	420.00	P/R Deduction (\$20.00 Bi- Weekly)
		0 0	0 0 0 0 0 0 0	,,
Э.	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR801366317721
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing	С		10.00
	federal political committee.			
	Name of Employer American Hospital Associa-	Occupation	า	1
	American Höspital Associa- tion-Washingt	Senior As	ssociate Dir. Policy Developm	+
	Receipt For:		Year-to-Date ▼	1
	Primary General		240,00	P/R Deduction (\$10.00 Bi-
	Other (specify)	0 0	210.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			40.41
_				
T	OTAL This Period (last page this line number on	ly)		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 87 / 110
		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Guillinary Fage	13 14 15 16 17
Any information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			
A. Ms. Lisa Kidder			Date of Receipt
Mailing Address 325 Seventh Street, NV	٧		M M / D D / Y Y Y Y
Suite 700			
City	State	Zip Code	Transaction ID: PR876637217721
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer	Occupation	 1	7
Name of Employer American Hospital Associa- tion-Washingt		ssociate Director	
Receipt For:		e Year-to-Date ▼	
Primary General		1 1 1 1 1 1 1	P/R Deduction (\$10.00 Bi-
Other (specify) ▼	1	210.00	Weekly)
Full Name (Last, First, Middle Initial)			
Ms. Sheila R. Meadows			Date of Receipt
Mailing Address 325 Seventh Street, NV	V		M M / D D / Y Y Y Y
Suite 700	Ctoto	Zip Code	
City	State	·	Transaction ID: PR936292317721
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
rederal political committee.			
Name of Employer American Hospital Associa-	Occupation	n	7
tion-Washingt	Director of	of Operations	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	-	010.00	P/R Deduction (\$10.00 Bi-
Other (specify)		210.00	Weekly)
Full Name (Last, First, Middle Initial)			Date of Descript
Mr. David A. Strickland			Date of Receipt
Mailing Address One N. Franklin Street			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR939603917721
<u>Chicago</u>	IL	60606	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		10.00
Name of Employer American Organization of	Occupation		
Nurse Executi	-	of Operations	_
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		210.00	P/R Deduction (\$10.00 Bi-
Other (specify) ▼			Weekly)
SUBTOTAL of Receipts This Page (optional)			30.00
(optional)		······	-
TOTAL This Period (last page this line number of	only))	80755.47

FOR LINE NUMBER: PAGE 88 / 110 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC Date of Receipt Mailing Address One Empire Drive 10 02 2006 City State Zip Code Transaction ID: 13164573 Rensselaer NY 12144 Amount of Each Receipt this Period FEC ID number of contributing 20000.00 C C00160259 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 100000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	20000.00
TOTAL This Period (last page this line number only)	•	20000.00

SCHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 89 / 110 (check only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page	X 21b 22 23 24 25 2 27 28a 28b 28c 29 3
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Hospital Association PAC	o and data oct of any pointed oction.	
Full Name (Last, First, Middle Initial) A. Merchant Bankcard		Transaction ID: 13359678 Date of Disbursement
Mailing Address 1601 Elm Street		10 03 2006
City Dallas	State Zip Code TX 75201	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Fee Candidate Name	Cate	80.00 001 egory/
Office Sought: House Senate President State: Disburs	ement For: Primary General Other (specify)	Merchant Fee
Full Name (Last, First, Middle Initial) B. Merchant Bankcard		Transaction ID: 13436191 Date of Disbursement
Mailing Address 1601 Elm Street		10 M / D 0 4 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dallas	State Zip Code TX 75201	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fee Candidate Name		138.40 001 egory/
Office Sought: House Disburs	ement For: Primary General Other (specify)	Bank Fee
Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 13359682 Date of Disbursement
Mailing Address Ste. 001		10
City Chicago	State Zip Code IL 60679	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Fee	Ō	7.75
Candidate Name		egory/ ype
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼	Merchant Fee
		226.15
President	Other (specify) ▼	

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	CHEDULE B (FEC Form 3X)	Use seper	rate schedule(s)			R LINE NUMBER: PAGE 90 / 110 eck only one)									
IT	EMIZED DISBURSEMENTS		ategory of the			_	_	$\overline{}$	00	_	٦.,		ا مح	_	٦ ۵۵
		Detailed S	Summary Page	−Iŀ	21k 27	' -	22 28a	Н	23 28b	\vdash	24 28c	\vdash	25 29		26 30b
Δn	y Information copied from such Reports and Staten	ente may no	t he sold or used	l by ar		on fo		rnos		الم		ontri	_		300
	for commercial purposes, other than using the name													13	
Λ	NAME OF COMMITTEE (In Full)														
	American Hospital Association PAC														
	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	: 1:	33596	83			
Α.	American Express								isburs						
	Mailing Address Ste. 001						1 ^M 0	М	[/] 1	6) / Y	ž	o ŏ	3 Y	
	City Chicago	State IL	Zip Code 60679				Amou	int o	f Each	D	isburse	men	t this	Peri	od
	Purpose of Disbursement Merchant Fee				001	1						0	15.	50	
	Candidate Name				egory/ ype										
	Senate President	ement For: Primary Other (spec	General				Merch	nant	Fee						
	State: District:														
В.	Full Name (Last, First, Middle Initial) Citibank, F.S.B.								on ID:	-	33596 ent	84			
	Mailing Address 1400 G Street, NW						1 ^M 0	М	/ 1	8) / Y	ž	o ŏ	3 ^Y	
	City Washington	State DC	Zip Code 20005				Amou	int o	f Each	D	isburse	men		_	od
	Purpose of Disbursement Bank Fee			C	01	1		-	_	0		_	124.	42	
	Candidate Name				egory/ ype										
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	☐ General				Bank	Fee)						

SUBTOTAL of Disbursements This Page (optional)	•	139.92
TOTAL This Period (last page this line number only)	•	366.07

District:

State:

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s) FOR LINE	E NUMBER: PAGE 91 / 1				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b			
Any Information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full) American Hospital Association PAC							
Full Name (Last, First, Middle Initial) Committee To Re-Elect Loretta Sanchez			Transaction ID: Date of Disburse				
Mailing Address 1212 S Victory BI Suite 211			10 / 0	3 7 2006			
City Burbank	State Zip Code CA 91502		Amount of Each	Disbursement this Period			
Purpose of Disbursement Contribution		011		1500.00			
Candidate Name Rep. Loretta Sanchez		Category/ Type					
Office Sought: X House Senate President State: CA District: 47	sement For: 2006 Primary X General Other (specify)		Contribution				
Full Name (Last, First, Middle Initial) 3. Ellen Tauscher For Congress			Transaction ID: Date of Disburse	ement			
Mailing Address 20 Park Road, Suite E Suite E			10 0	0 3			
City Burlingame	State Zip Code CA 94010		Amount of Each	Disbursement this Period			
Purpose of Disbursement Contribution		011		1500.00			
Candidate Name Rep. Ellen O. Tauscher		Category/ Type					
Office Sought: X House Senate President State: CA District: 10	sement For: 2006 Primary X General Other (specify) ▼		Contribution				
Full Name (Last, First, Middle Initial) Friends Of John Peterson			Transaction ID:				
Mailing Address 114 W. State Street PO Box 295			10 / 0	2006			
City Pleasantville	State Zip Code PA 16341		Amount of Each	Disbursement this Period			
Purpose of Disbursement Contribution		011		3000.00			
Candidate Name Rep. John E. Peterson		Category/ Type					
Office Sought: X House Disbur Senate President State: PA District: 5	sement For: 2006 Primary X General Other (specify) ▼		Contribution				
SUBTOTAL of Disbursements This Page (optional)	>		6000.00			
TOTAL This Period (last page this line number onl	,	<u> </u>					

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)			L	PAGE	92 / 11	U
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	<u> </u>		-	25 29	26 30b
	SBURSEMENTS Other Seperate Structure Collect only one Collect						
or for commercial purposes, other than using the han NAME OF COMMITTEE (In Full)	ie and address of any political co	minillee to so	mon contribu	IOIIS ITOITI SUO	OH COMM	iillee	
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)				_	1039		
Richard Pombo For Congress			M M		YY	Υ . Υ	(
	50		1 0	0.3	2	0 0́ 6 `	
City Sacramento			Amount o	of Each Disbu	rsement	this Pe	eriod
Purpose of Disbursement		* *			1	000.00)
Contribution Candidate Name							
Rep. Richard W. Pombo	'						
Senate President	Primary X General		Contribu	tion			
State: CA District: 11 Full Name (Last, First, Middle Initial)					1010		
3. Woolsey For Congress				_	1043		
Mailing Address P.O. Box 750176				03	y y	0 0 6	
City Petaluma			Amount o	f Each Disbu			-
Purpose of Disbursement Contribution	Г	011			. 1	000.00)
Candidate Name Rep. Lynn C. Woolsey		Category/					
Senate President	Primary X General		Contribu	tion			
State: CA District: 6 Full Name (Last, First, Middle Initial)			Transact	ion ID: 1000	1070		
Weldon Victory Committee					1076		
Mailing Address P. O. Box 1992				03	y y	0 0́ 6 ̇	
City Media			Amount o	of Each Disbu	rsement	this Pe	eriod
Purpose of Disbursement Contribution	- 10000 [011			4	500.00)
Candidate Name Rep. Curt Weldon		Category/					
Office Sought: X House Senate President Disburs	Primary X General	Туре	Contribu	tion			
-					65	500.00)
	,	-					

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER:	PAGE 93/110
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,			
Full Name (Last, First, Middle Initial) A. Bill Shuster For Congress			Transaction ID: Date of Disburse	
Mailing Address PO Box 27			10 0	3 7 2006
City Hollidaysburg	State Zip Code PA 16648		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Rep. William Franklin Shuster Office Sought: X House Disbur	sement For: 2006	Category/ Type		
Senate President State: PA District: 9	Primary X General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial) Friends Of Joe Pitts			Transaction ID: Date of Disburse	ement
Mailing Address PO Box 775			10 0	3 7 2 0 0 6
City Unionville	State Zip Code PA 19375		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011 Category/		2000.00
Rep. Joseph R. Pitts		Type		
Office Sought: X House Senate President State: PA District: 16	sement For: 2006 Primary X General Other (specify) ▼		Contribution	
Full Name (Last, First, Middle Initial) Adam Smith For Congress Committee			Transaction ID:	
Mailing Address PO Box 23626			10 M / DO	3 7 2006
City Federal Way	State Zip Code WA 98093		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Rep. Adam Smith		Category/ Type		
Office Sought: X House Senate President State: WA District: 9	sement For: 2006 Primary X General Other (specify) ▼		Contribution	
SUBTOTAL of Disbursements This Page (optiona)			4000.00
TOTAL This Period (last page this line number on	,			

SCHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s)				PAGE	94 / 11	10		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	<u> </u>	23 28b	24 28c	25 29	26 30b		
	Ses EMENTS Superior Search Category of the Detailed Summary Page 12 to 22								
<u> </u>	e and address of any political co	mmittee to s	olicit contribi	utions from s	uch comr	nittee			
NAME OF COMMITTEE (In Full) American Hospital Association PAC									
Full Name (Last, First, Middle Initial) A. Murtha For Congress Committee				_					
			M M			Y .	Y		
Mailing Address Suite 220 551 Main Stre Bt Financial Plaza Suite			1 0	03	2	006			
City Johnstown			Amount	of Each Disl	bursemen	t this Pe	eriod		
Purpose of Disbursement			- L.			1000.00	0		
Contribution Candidate Name		-							
Rep. John P. Murtha									
Senate President	Primary X General		Contrib	ution					
Full Name (Last, First, Middle Initial)			T	ID 400	201100				
Bob Brady For Congress			Date of	Disburseme					
Mailing Address 2000 Market Street Suite	500				/ Y 2	0 0 6	Y		
City Philadelphia			Amount	of Each Disl					
Purpose of Disbursement Contribution		011	L.		3	3000.00	0		
Candidate Name Rep. Robert A. Brady		Category/							
Senate President	Primary X General		Contribution						
State: PA District: 1									
Full Name (Last, First, Middle Initial) Friends of Jim Clyburn									
Mailing Address P.O. Box 12567					, Y 2	0 0 6	Y		
City Columbia			Amount	of Each Disl	bursemen	t this Pe	eriod		
Purpose of Disbursement Contribution		011	T L		2	2000.00	0		
Candidate Name Rep. James E. Clyburn		Category/							
	Primary X General	76-5	Contrib	ution					
SUBTOTAL of Disbursements This Page (optional)					9	000.00	ם ס		
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TOTAL This Period (last page this line number only)									

	CHEDULE B (FEC Form 3X)		erate schedule(s)				NE NUMBER: PAGE 95 / 1 only one)		110						
11	EMIZED DISBURSEMENTS		category of the Summary Page		Ē	21b 27	ŕ	22 28a	Х	23 28l		24 28		25 29	26 30
	y Information copied from such Reports and State for commercial purposes, other than using the na														ns
abla	NAME OF COMMITTEE (In Full)														
$ \rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Friends Of Bud Cramer									tion ID: 13221110 Disbursement					
	Mailing Address P.O. Box 2621							1 ^M 0	М	/	03	3 /	Y	ž 0 Ŏ (3 ^Y
	City Huntsville	State AL	Zip Code 35804					Amou	unt c	of Ea	ch C	Disbui	rseme	nt this	Period
	Purpose of Disbursement Contribution			Γ	0	11								2500.	00
	Candidate Name Rep. Robert E. Cramer, Jr.			С		egory/ /pe									
	Senate President	sement For: Primary Other (spe	2006 X General ecify)					Contr	ribu	tion					
	State: AL District: 5 Full Name (Last, First, Middle Initial)							Trans	sact	— tion	ID: 1	322	1100		
В.	- eopie with rian inc							Date		Disbu	ırsen	nent		ž 0 0 (Y
	Mailing Address P.O. Box 435							1 0		L	0 3	3		200	5
	City Wexford	State PA	Zip Code 15090					Amou	unt c	of Ea	ch D	Disbui		nt this	
	Purpose of Disbursement Contribution					11				-				3000.	00
	Candidate Name Rep. Melissa A. Hart			С		egory/ ype									
	Office Sought: X House Disbur Senate President	sement For: Primary Other (spe	2006 X General ecify)					Contr	ribu	tion					
	State: PA District: 4		3 , v												
C.	Full Name (Last, First, Middle Initial) Kind For Congress Committee							Trans Date					1114		
	Mailing Address 205 South 5th Ave Suite 428							1 ^M 0	М	′	03	3 /	Y	ž 0 ŏ	3 ^Y
	City La Crosse	State WI	Zip Code 54601					Amou	unt c	of Ea	ch D	Disbu		nt this	
	Purpose of Disbursement Contribution				0	11		L.	_	_		_		1000.	00
	Candidate Name Rep. Ron Kind			С		egory/ ype									
	Senate President	sement For: Primary Other (spe	2006 X General ecify)					Contr	ribu	tion					
	State: WI District: 3										-	-		SE00	00
S	UBTOTAL of Disbursements This Page (optional)				.)	-	<u> </u>	-	<u> </u>	-	<u></u>		6 500 .	ŲŪ
lт	OTAL This Period (last page this line number on	v)				ı	•								

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE (check only	NUMBER:	PAGE 96/110							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30k							
Any Information copied from such Reports and State or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full) American Hospital Association PAC											
Full Name (Last, First, Middle Initial) 1. Lofgren For Congress			Transaction ID: 13221048 Date of Disbursement								
Mailing Address P.O. Box 720008			1 0 M / D	3 7 2006							
City San Jose	State Zip Code CA 95172		Amount of Each	Disbursement this Period							
Purpose of Disbursement Contribution		011		1000.00							
Candidate Name Rep. Zoe Lofgren		Category/ Type									
Office Sought: X House Senate President State: CA District: 16	sement For: 2006 Primary X General Other (specify)		Contribution								
Full Name (Last, First, Middle Initial) Friends Of Congressman George Miller			Transaction ID: Date of Disburse	ment							
Mailing Address P.O. Box 5864			10 0								
City Concord	State Zip Code CA 94524		Amount of Each	Disbursement this Period							
Purpose of Disbursement Contribution Candidate Name Rep. George Miller		011 Category/		1000.00							
	sement For: 2006 Primary X General Other (specify)	Туре	Contribution								
Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski			Transaction ID: Date of Disburse								
Mailing Address 103 South Hanover Str	eet		10 0	3 7 2 0 0 6							
City Nanticoke	State Zip Code PA 18634		Amount of Each	Disbursement this Period							
Purpose of Disbursement Contribution		011		1000.00							
Candidate Name Rep. Paul E. Kanjorski	0000	Category/ Type									
Office Sought: X House Senate President State: PA District: 11	sement For: 2006 Primary X General Other (specify)		Contribution								
SUBTOTAL of Disbursements This Page (optional	l)		, a a -	3000.00							
TOTAL This Period (last page this line number on	,										

SCHEDULE B (FEC Form 3X)		erate schedule(s)	FOR LIN	E NUMBER:	PA	AGE 97/	110				
ITEMIZED DISBURSEMENTS	Detailed	category of the Summary Page	21b 27	22 X 2 28a 2	28a 28b 28c						
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na							IS				
NAME OF COMMITTEE (In Full) American Hospital Association PAC											
Full Name (Last, First, Middle Initial) Tom Lantos For Congress Committee				Transaction Date of Disk	n ID: 132210 oursement)52					
Mailing Address PO Box 777				10 4	03	žoŏe	3 Y				
City San Carlos	State CA	Zip Code 94070		Amount of E	Each Disburse						
Purpose of Disbursement Contribution			011			1000.0	00				
Candidate Name Rep. Tom Lantos			Category/ Type								
Office Sought: X House Disbu	rsement For: Primary Other (spe	2006 X General ecify) ▼		Contributio	on						
Full Name (Last, First, Middle Initial) 3. DAKPAC				Date of Dist		_	V				
Mailing Address 607 14th St., NW Suite 800				10 /	03	žoŏe	3 ^Y				
City Washington	State DC	Zip Code 20005		Amount of E	Each Disburse						
Purpose of Disbursement 2006 Contribution Candidate Name			011 Category/ Type			5000.0	00				
Office Sought: House Disbu	rsement For: Primary Other (spe	General ecify) ▼		2006 Cont	ribution						
Full Name (Last, First, Middle Initial) Robert Aderholt For Congress				Transaction Date of Disk	n ID: 132211 oursement	12					
Mailing Address P. O. Box 1158 940 Hwy 13				10 /	03	2006	6 Y				
City Haleyville	State AL	Zip Code 35565		Amount of E	Each Disburse						
Purpose of Disbursement Contribution Condidate Name			011	L		2500.0	UU				
Candidate Name Rep. Robert B. Aderholt Office Sought: X House Disbu	rsement For:	2006	Category/ Type								
State: AL District: 4	Primary Other (spe	X General		Contributio	on						
SUBTOTAL of Disbursements This Page (optional	al)		>			8500.0	00				
TOTAL This Period (last page this line number on	lv)					-					

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE (check only	NUMBER:	PAGE 98/110
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30k
Any Information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,			
Full Name (Last, First, Middle Initial) A. Mike Honda For Congress			Transaction ID: Date of Disburse	
Mailing Address 50 W. San Fernando S	. Ste. 350		10 0	3 7 2006
City San Jose	State Zip Code CA 95113		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Rep. Michael M. Honda	ement For: 2006	Category/ Type		
Office Sought: X House Disburs Senate President State: CA District: 15	Primary X General Other (specify) ▼		Contribution	
Full Name (Last, First, Middle Initial) 3. Carnahan In Congress			Transaction ID: Date of Disburse	ment
Mailing Address 7370 Manchester Rd Si	e 20		10 0	3 7 2006
City St. Louis	State Zip Code MO 63143		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011 Category/		2500.00
Rep. Russ Carnahan Office Sought: X House Senate President State: MO District: 3	ement For: 2006 Primary X General Other (specify)	Туре	Contribution	
Full Name (Last, First, Middle Initial) Campbell For Congress			Transaction ID: Date of Disburse	
Mailing Address 4590 Macarthur Blvd. S	uite 500		10 0	3 7 2006
City Irvine	State Zip Code CA 92660		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011 Category/		1000.00
Rep. John Campbell	sement For: 2006	Type		
Senate President State: CA District: 48	Primary X General Other (specify) ▼		Contribution	
SUBTOTAL of Disbursements This Page (optional				4500.00
TOTAL This Period (last page this line number only				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s for each category of the) FOR LINE (check onl	NUMBER: PAGE 99 / 110 ly one)
II EMIZED DISBURSEMENTS	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,		
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Storm Chasers PAC			Transaction ID: 13221016 Date of Disbursement
Mailing Address PO Box 237			10 M / D 0 3 / Y 2 0 0 6 Y
City Monticello	State Zip Code IN 47960		Amount of Each Disbursement this Period
Purpose of Disbursement 2006 Contribution		011	1000.00
Candidate Name		Category/ Type	
Senate President	sement For: Primary General Other (specify)		2006 Contribution
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 13221055
B. Committ To Elect Hank Johnson	2.0		Date of Disbursement 10 Date of Disbursement 2006
Mailing Address 5240 Snapfinger Park [
City Decatur	State Zip Code GA 30035		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2500.00
Candidate Name Hank Johnson		Category/ Type	
Senate President	sement For: 2006 Primary X General Other (specify) ▼		Contribution
State: GA District: 4 Full Name (Last, First, Middle Initial)			T
C. Sherman For Congress			Transaction ID: 13232851 Date of Disbursement
Mailing Address 555 South Flower Stree			10 M / 05 / 2006 6 Y
City Los Angeles	State Zip Code CA 90071		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Brad Sherman		Category/ Type	
Office Sought: X House Senate President State: CA District: 27	sement For: 2006 Primary X General Other (specify)		Contribution
	<u> </u>		4500.00
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		Detailed	Summary Page	21b 27	22 28a		23 28b		24 28c	25 29	26 30			
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abla	NAME OF COMMITTEE (In Full)													
$ \rangle$	American Hospital Association PAC													
Α.	Full Name (Last, First, Middle Initial) Republican Majority Fund				Transaction ID: 13232843 Date of Disbursement									
	Mailing Address P.O. Box 1550			10										
	City Ponca City	State OK	Zip Code 74602				Amou	int of	Each	n Disl	oursem	ent this		
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В.	State: District: Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 132	232848	}		
Ь.	McNulty For Congress Mailing Address P.O. Box 1560						Date of	of Di	D	emer	nt / Y	ž 0 0 (3 Y	
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	City Green Island	State NY	Zip Code 12183				Amou	int oi	Eacr	1 DISI	oursem	ent this		
	Purpose of Disbursement Contribution				01	1						2000.	00	
	Candidate Name Rep. Michael R. McNulty			С	ateç Typ	gory/ be								
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	State: NY District: 21													
C.	Full Name (Last, First, Middle Initial) Berman For Congress						Date	of Di	sburs	emer	232850 nt			
	Mailing Address 6380 Wilshire Blvd. #16	12					1 ^M 0	M /	D (5 5	′ Ľ.	ž 0 ŏ	5	
	City Los Angeles	State CA	Zip Code 90048				Amou	int of	Each	n Disl	oursem	ent this		
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	Candidate Name Rep. Howard L. Berman				ateç Typ	gory/ be								
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$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
K	American Hospital Association 1 Ac												
^	Full Name (Last, First, Middle Initial)								-		23284	6	
Α.	Crowley For Congress							_	isburs		nt	V V	V
	Mailing Address 84-56 Grand Avenue						1 0		໌ _ ີ (5 5		žoŏ	6
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	Candidate Name		C	at	egory/								
	Rep. Joseph Crowley			T	уре								
	Office Sought: X House Disburs	sement For: 2006 Primary X General					Contr	ibut	ion				
	President	Other (specify)											
	State: NY District: 7												
В.	Full Name (Last, First, Middle Initial) Louie Gohmert For Congress Committee								ion ID	_	23284	5	
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	Mailing Address PO Box 8060						1 0) 5		200	6
	City	State Zip Code TX 75711					Amou	int o	f Each	n Disl	bursem	ent this	Period
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	Candidate Name Rep. Louie Gohmert				egory/ ype								
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C.	Searchlight Leadership Fund								טו non isburs		23286 nt	U	
	Mailing Address 040 O	. NNA/					1 ^M 0	М	/ D	1 2	/ Y	ž 0 ŏ	6 Y
	Mailing Address 818 Connecticut Avenu Suite 1100						1.0					200	
	City Washington	State Zip Code DC 20009					Amou	int o	f Each	n Disl	bursem	ent this	Period
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Diana Degette For Congress Inc.			Transaction ID: 13232863 Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 61337			10 12 2006
City Denver	State Zip Code CO 80206		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. Diana DeGette		Category/ Type	
Office Sought: X House Senate President Disburs	sement For: 2006 Primary X General Other (specify)	. , , , ,	Contribution
State: CO District: 1			
Full Name (Last, First, Middle Initial) 3. Candice Miller For Congress			Transaction ID: 13232866 Date of Disbursement
Mailing Address PO Box 182152			10 M / D D / Y Y Y O O 6
City	State Zip Code		Amount of Each Disbursement this Period
Shelby Township	MI 48318		500.00
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Candidate Name Rep. Candice S. Miller		Category/ Type	
Senate President	sement For: 2006 Primary X General Other (specify) ▼	71-	Contribution
State: MI District: 10			
Full Name (Last, First, Middle Initial) John Salazar For Congress			Transaction ID: 13232865 Date of Disbursement
Mailing Address P.O. Box 534			$\begin{bmatrix} 1 & 0 & M \end{bmatrix} / \begin{bmatrix} D & 1 & D \\ 1 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & 0 & 0 & 0 \\ Y & 2 & 0 & 0 & 0 & 0 \end{bmatrix}$
City Pueblo	State Zip Code CO 81002		Amount of Each Disbursement this Period
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Candidate Name Rep. John T. Salazar		Category/ Type	
Senate President	ement For: 2006 Primary X General Other (specify)	71	Contribution
State: CO District: 3			
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American Hospital Association PAC										
Full Name (Last, First, Middle Initial)							13305	276		
Friends Of Zach Wamp				Dat	e of D	isburse		Y Y	Υ	Υ
Mailing Address P.O. Box 24804 651 E. Fourth St. Suite 2	00			1"	0	1	3 /	2	0 Ď 6	
City Chattanooga	State Zip Code TN 37422			Am	ount c	of Each	Disburs	emen	t this P	eriod
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Candidate Name Rep. Zach Wamp		Cate Ty	gory/ pe							
Senate President	ement For: 2006 Primary X General Other (specify)			Con	tribu	tion				
State: TN District: 3 Full Name (Last, First, Middle Initial)				_			10005	007		
Committee To Re-Elect Nydia M. Velazque	ez To Congre					ion ID: isburse	13305 ment	287		
Mailing Address 315 Inspiration Lane				1	0 ^M	/ D 1	^D /	Ý Ž	0 ŏ 6	Y
City	State Zip Code MD 20878			Am	ount c	of Each	Disburs	emen	t this P	eriod
Gaithersburg Purpose of Disbursement	20076		_	- [1	000.0	0
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Candidate Name Rep. Nydia M. Velazquez		Cate Ty	gory/ pe							
Senate President	ement For: 2006 Primary X General Other (specify)			Con	tribu	tion				
State: NY District: 12 Full Name (Last, First, Middle Initial)							40005			
Moran For Kansas				Dat	e of D	isburse		286		
Mailing Address P.O. Box 1151				1 M	0 M	/ 1	^D /	ž	0 0̈́ 6	Y
City Hays	State Zip Code KS 67601			Am	ount c	of Each	Disburs	emen	t this P	eriod
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Candidate Name Rep. Jerry Moran	-		gory/							
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$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
L	American Hospital Association 1 Ac											
Α.	Full Name (Last, First, Middle Initial)									305285		
Α.	Moore For Congress							isburs			V . V .	V
	Mailing Address PO Box 14631					1 0	IVI	′ _ 1	1 3	′	ž 0 ŏ 6	6
	City	State Zip Code				Amou	ınt o	f Each	Disk	ourseme	nt this I	Period
	Shawnee Mission	KS 66285									2000.	00
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	Candidate Name				egory/							
	Rep. Dennis Moore			T	/pe							
	Office Sought: X House Disbu	sement For: 2006 Primary X General				Contr	ibut	tion				
	President	Other (specify)										
	State: KS District: 3											
В.	Full Name (Last, First, Middle Initial)					Trans	acti	ion ID:	: 133	302857		
Ь.	Berkley For Congress						of D м	isburs			V	V
	Mailing Address 3069 Conquista Court					1 0	IVI	′ _ 1	1 3	′	žoóe	3
	City Las Vegas	State Zip Code NV 89121				Amou	ınt o	f Each	n Disk	ourseme	nt this I	Period
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	Contribution			0	11							
	Candidate Name Rep. Shelley Berkley				egory/ /pe							
		sement For: 2006	•			Contr	ibut	tion				
	Senate President	Primary X General Other (specify) ▼				Joine						
	State: NV District: 1	Other (specify)										
_	Full Name (Last, First, Middle Initial)					Trans	acti	ion ID:	: 133	305270		
C.	Moran For Congress						_	isburs				
	Mailing Address 311 North Washington Suite 200l	Street				1 ^M 0	М	/ D 1	1 3 ^D	/ Y	ž 0 ŏ 6	3 [*]
	City Alexandria	State Zip Code VA 22314				Amou	ınt o	f Each	n Disk	ourseme	nt this I	Period
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	Candidate Name Rep. James P. Moran		Ca	ate	egory/ ype							
	Office Sought: X House Disbu	sement For: 2006 Primary X General		•	, <u> </u>	Contr	ibut	tion				
	President	Other (specify)										
_	State: VA District: 8											
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NAME OF COMMITTEE (In Full)	c and address of any political co		non continuut	.0.13 110111 30	J.1 GOITHI	CC	
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)				ion ID: 1330	5288		
Nadler For Congress			Date of D	isbursement	YY	Υ, ,	γ .
Mailing Address Village Station PO Box 4	0		1 0	13	2	0 0 6	
City New York	State Zip Code NY 10014		Amount o	f Each Disbu			-
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Contribution Candidate Name		011 Category/					
Rep. Jerrold L. Nadler		Type					
Office Sought: X House Disburs Senate President State: NY District: 8	ement For: 2006 Primary X General Other (specify)		Contribut	tion			
Full Name (Last, First, Middle Initial)			Tue	ia ID- 1000	100EC		
PAC to the Future			Date of D	ion ID: 1330 isbursement		* \/ * \	v.
Mailing Address 268 Bush Street PMB 3230			10	13	ž	0 0 6	
City San Francisco	State Zip Code CA 94104		Amount o	f Each Disbu			-
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Candidate Name		Category/ Type					
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		2006 Coi	ntribution			
Full Name (Last, First, Middle Initial)			Troposti	ion ID: 1330	NEO7E		
Cooper For Congress Committee				isbursement	13273		
Mailing Address P.O. Box 927			1 ^M 0 M	13	Ý Ž	0 0 6	Y
City Brentwood	State Zip Code TN 37024		Amount o	f Each Disbu	irsement	this Pe	eriod
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Candidate Name Rep. Jim Cooper		Category/ Type					
	ement For: 2006 Primary X General Other (specify)		Contribut	tion			
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 106 / 110 y one)
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Marsha Blackburn For Congress Inc.			Transaction ID: 13305273 Date of Disbursement
Mailing Address PO Box 682185			10 13 / 2006
City Franklin	State Zip Code TN 37068		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Marsha Blackburn		Category/ Type	
	ement For: 2006 Primary X General Other (specify)	.) -	Contribution
State: TN District: 7			
Full Name (Last, First, Middle Initial) 3. Perlmutter For Congress			Transaction ID: 13305289 Date of Disbursement
Mailing Address 3440 Youngfield St #26	4		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} $
City	State Zip Code		Amount of Each Disbursement this Period
Wheat Ridge	CO 80033		
Purpose of Disbursement Contribution		011	5000.00
Candidate Name Mr. Edwin Perlmutter		Category/ Type	
Senate President	ement For: 2006 Primary X General Other (specify)		Contribution
State: CO District: 7 Full Name (Last, First, Middle Initial)			
Steve Cohen For Congress			Transaction ID: 13305277 Date of Disbursement
Mailing Address 349 Kenilworth			$\begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} 1 & 1 & 3 \\ 1 & 3 & M \end{bmatrix} / \begin{bmatrix} 1 & 1 & 1 & 1 \\ 1 & 2 & 0 & 0 & 0 \end{bmatrix}$
City Memphis	State Zip Code TN 38112		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Mr. Steve Cohen		Category/ Type	
Office Sought: X House Senate President State: TN District: 9	ement For: 2006 Primary X General Other (specify)	. , , , ,	Contribution
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American Hospital Association PAC										
Full Name (Last, First, Middle Initial) A. Bill Nelson For U S Senate				Date of	ction ID: Disburse	ement		V	V	
Mailing Address 500 Red Sail Way				10	/ D	^D /	Ż	0 Ď 6		
City Satelite Beach	State Zip Code FL 32937			Amount	of Each	Disburs	-			_
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Candidate Name Sen. Bill Nelson		Category/ Type								
Office Sought: House Disburs X Senate President State: FL District: 1	ement For: 2006 Primary X General Other (specify)			Contrib	ution					
Full Name (Last, First, Middle Initial)						40000				_
3. Jo Bonner For Congress Committee				Date of	Disburse	ement		Υ	Υ	
Mailing Address P.O. Box 851232				1 0	1	^D /	2	0 Ď 6		
City Mobile	State Zip Code AL 36685			Amount	of Each	Disburs				7
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Candidate Name Rep. Jo Bonner		Category/ Type								
Senate President	ement For: 2006 Primary X General Other (specify)			Contrib	ution					
State: AL District: 1										
Full Name (Last, First, Middle Initial) Dirigo PAC				Date of	ction ID: Disburse	ement				
Mailing Address P.O. Box 1355				10	/ D 1	7 /	ž	0 0 6	Y	
City Alexandria	State Zip Code VA 22313			Amount	of Each	Disburs			-	_
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Any Information copied from such Reports and State or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full) American Hospital Association PAC					
Full Name (Last, First, Middle Initial) A. Pallone For Congress			Transaction ID: 13333130 Date of Disbursement		
Mailing Address PO Box 3176			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 1 & B \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Q & O & G \\ Y & 2 & O & O & G \end{bmatrix}$		
City Long Branch	State Zip Code NJ 07740		Amount of Each Disbursement this Period		
Purpose of Disbursement Contribution		011	2000.00		
Candidate Name Rep. Frank Pallone, Jr.		Category/ Type			
Office Sought: X House Disburs Senate President State: NJ District: 6	ement For: 2006 Primary X General Other (specify) ▼		Contribution		
Full Name (Last, First, Middle Initial) Graves For Congress			Transaction ID: 13334261 Date of Disbursement		
Mailing Address 2345 Grand Suite 2400			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} & \begin{bmatrix} D & D \\ 1 & 8 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Q & Q & Q \\ Y & Y & Q & Q & Q & Q \end{bmatrix}$		
City Kansas City	State Zip Code MO 64108		Amount of Each Disbursement this Period		
Purpose of Disbursement Contribution		011	2000.00		
Candidate Name Rep. Samuel B. Graves, Jr.		Category/ Type			
Office Sought: X House Disburs Senate President State: MO District: 6	ement For: 2006 Primary X General Other (specify)		Contribution		
Full Name (Last, First, Middle Initial) Friends Of Lois Capps			Transaction ID: 13336698 Date of Disbursement		
Mailing Address PO Box 23940			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 8 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$		
City Santa Barbara	State Zip Code CA 93121		Amount of Each Disbursement this Period		
Purpose of Disbursement Contribution 011		011	1000.00		
Candidate Name Rep. Lois Capps		Category/ Type			
Office Sought: X House Disburs Senate President State: CA District: 23	ement For: 2006 Primary X General Other (specify) ▼		Contribution		
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NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial)			Transaction ID: 133	
Alan Mollohan For Congress Committee			Date of Disbursemer	
Mailing Address P. O. Box 1343			10 18	ŽOÕĜ
City Fairmont	State Zip Code WV 26555		Amount of Each Disl	oursement this Period
Purpose of Disbursement Contribution		011		2000.00
Candidate Name Rep. Alan B. Mollohan		Category/ Type		
Senate President	rsement For: 2006 Primary X General Other (specify)		Contribution	
State: WV District: 1				
Full Name (Last, First, Middle Initial) Hooley For Congress			Transaction ID: 133 Date of Disbursemen	
Mailing Address PO Box 2050			10 18	^Y 2006 ^Y
City Salem	State Zip Code OR 97308		Amount of Each Disl	oursement this Period
Purpose of Disbursement Contribution		011		2000.00
Candidate Name Rep. Darlene Hooley	Category/ Type	- ·		
Senate President	rsement For: 2006 Primary X General Other (specify)		Contribution	
State: OR District: 5				
Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress Inc		Transaction ID: 13334538 Date of Disbursement		
Mailing Address Post Office Box 80126		10 18	² 2006	
City Lafayette	State Zip Code LA 70598		Amount of Each Disl	oursement this Period
Purpose of Disbursement Contribution 011		011		2000.00
Candidate Name Rep. Charles W. Boustany, Jr.		Category/ Type		
Office Sought: X House Senate President State: LA District: 7	rsement For: 2006 Primary X General Other (specify)		Contribution	
SUBTOTAL of Disbursements This Page (optional	al)			6000.00
TOTAL This Period (last page this line number on	lly)		1	

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SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)		NUMBER: PAGE 110 / 110		
IT	EMIZED DISBURSEMENTS		(check only 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b		
	y Information copied from such Reports and for commercial purposes, other than using t					
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
/	American Hospital Association PAC	;				
	Full Name (Last, First, Middle Initial)			Transaction ID: 13334946		
٩.	Committee To Re-Elect Bobby Jindal Mailing Address PO Box 8628			Date of Disbursement		
				10 18 7 2006		
	City	State Zip Code		Amount of Each Disbursement this Period		
	Metairie	LA 70011				
	Purpose of Disbursement Contribution		011	2000.00		
	Candidate Name Rep. Bobby Jindal					
	Office Sought: X House Senate President State: I A District: 1	Disbursement For: 2006 Primary X General Other (specify) ▼		Contribution		
	STATE: LA LUSTROL L					

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	—	116750.00